Adoption Assistance Request Form

- *To prevent delays in processing, please complete all requested information.*
- *A copy of the adoption placement certificate or final adoption decree is required.*

Section I: Employee Information

Name: _____ Employee ID (in Workday): _____

Contact Number: _____ Spouse/Partner's Name: _____

Section II: Adoption Information

Child's Name _____

Date of Birth: _____ Date of Adoption: _____

Section III: Eligible Adoption Expenses **

Date Eligible Expense Incurred	Date Expense Paid	Amount of Eligible Expense	Description of Eligible Expense (Attach *copies* of itemized bills or documents)
Total Reimbursement Amount:			

** Eligible expenses include agency and placement fees, attorneys' fees/court costs, cost of temporary foster care, immunizations, and reasonable and necessary transportation and lodging directly associated with the adoption. (*Section 137 of the Internal Revenue Code pertaining to adoption assistance programs)*

Section IV: Employee Certification

I certify to the best of my knowledge, that the expenses included in this request are eligible adoption expenses and that I am responsible for payment of these expenses. I understand that it is my responsibility to verify with the IRS or my tax consultant the tax implications of receiving this money, and that I assume all tax liability for this reimbursement.

Employee Signature: _____

Date: _____

(updated May 2026)

Please return form and documentation to the Benefits/Total Rewards Department.