



Adoption Assistance Reimbursement Application

Information about you:

Employee Last Name	Employee First Name	M.I.	Banner ID
Home Mailing Address	City	State	Zip Code
Department	Email		
Home Phone Number	Work Phone Number	Cell Phone Number	

Information about your child:

Child's Name	Child's Date of Birth		
Adoption Agency or Institution	Contact		
Agency Address	City	State	Zip Code
Agency Phone Number	Date Adoption Finalized	Date of Placement	

This application must be submitted to Human Resources, Administration Building Rm. 213, and must include itemized receipts and a copy of the final adoption papers from the court. This application will then be reviewed for the possible reimbursement of up to \$5,000.

Qualified Adoption Expenses: *Please refer to the Adoption Assistance Policy for an explanation of qualified adoption expenses. All expenses claimed must have been incurred while employed at Abilene Christian University. All expenses reimbursed under this Adoption Assistance benefit are subject to tax withholding.*

Date of Expense	Description of Expense	Amount
Total (not to exceed \$5,000)		\$

Does your spouse work at ACU? Yes No

If yes, provide name _____ Banner ID _____

Have you received an Adoption Assistance benefit from ACU? _____

If yes, please provide child's name _____

I certify that the information I provided on this form and the documentation submitted with this application is true and complete.

Employee Signature _____ **Date** _____