Adoption & Surrogacy Assistance Request Form

Employee Data

Employee Name

Employee #

Mailing Address

Phone #

City, State, Zip Code

Office Location

Category:

Category to be completed by Human Resources

Employee Category

Full-Time ◯

Part-Time (min 20 hours/week) ◯

Interns, seasonal employees, temporary employees, term consultants, and partners are ineligible.

Request for Adoption or Surrogacy Assistance - Complete and submit required documentation

Maximum Amount of Adoption or Surrogacy Assistance - $ 10,000.00 in actual expenses per child.
*(**Adoption or Surrogacy assistance is excluded from federal income tax withholding – states taxes still apply)*

Total Requested Reimbursement $ _____

I have attached the required receipts reflecting my legal expenses incurred in connection with the adoption of a child or a surrogacy arrangement. I have attached a copy of the birth certificate(s) and legal documents that show the adoption or surrogacy has been completed. I have read the Adoption & Surrogacy Assistance Policy and agree to the terms contained therein.

_____ _____

Employee Signature Date

Please attach approved form and required receipts to the task Request One-Time Payment in Workday