



Adoption benefits subsidy request

Form instructions: Submit the completed form with supporting documentation.

Section 1: To be completed by the employee.

Employee information

| | | |
|----------------|---------------------|----------------------|
| ASU ID number: | Employee last name: | Employee first name: |
|----------------|---------------------|----------------------|

| | |
|-------------|------------------|
| Department: | Department code: |
|-------------|------------------|

Adopted child information

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|------------------|-------------------|
| Child last name: | Child first name: |
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|-----------------------------|
| Date of finalized adoption: |
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Co-parent information if employed by ASU

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| ASU ID number: |
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|----------------------|-----------------------|
| Co-parent last name: | Co-parent first name: |
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Total requested amount

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Signature

I understand the following statements:

- A copy of the finalized adoption documentation must be submitted along with this request.
- If approved, the reimbursement will be processed through ASU payroll and included on my paycheck.
- I must be in a benefits-eligible position at ASU both at the time the adoption is finalized and when the subsidy request is submitted.
- My family will receive only one adoption benefits subsidy per child.
- The subsidy request must be submitted within six months after the adoption has been finalized.

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|---------------------|--------------|
| Employee signature: | Date signed: |
|---------------------|--------------|

Fax the attached form with required documents to 480-393-8840

Questions? Call 855-278-5081 or email HRESC@asu.edu

Section 2: To be completed by OHR Benefits.

| | | |
|------------------|------------------|----------------|
| Request approved | Approved amount: | Paycheck date: |
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| Request denied | Reason for denial: |
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| HR benefits processing signature: |
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| Comments: |
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