## ADOPTION ASSISTANCE REQUEST FORM FOR THE BAYLOR UNIVERSITY ADOPTION ASSISTANCE PROGRAM BU-PP 422a

EMPLOYEE NAME:	BU ID#:	
ADDRESS:Street City		
Street City		Zip
TELEPHONE:	E-MAIL ADDRESS:	
Complete the information below for qualified adop expenses can and cannot be reimbursed, see the Bay this Form (properly completed and signed) you will a	ylor University Adoption Assis	
<ul> <li>documentation (bills, invoices, statements froexpenses;</li> <li>a copy of the final decree of adoption; and</li> <li>any additional documentation that the University</li> </ul>	•	ceipts, etc.) showing your reimbursable
Be sure to provide all information requested by this required items are not submitted, you will not have Program. Remember, you must complete all steps replease date and sign the Form, then send it along with #97053, Waco, Texas 76798, Attention: Human Resonant Program of the	completed the steps necessary equired to file a claim within 12 in your supporting documentation	to file a claim for benefits under the months after the adoption is finalized.
CHILD'S NAME:	RELATIONSHIP:	
DATE OF BIRTH:	_ FINAL ADOPTION DATE	3:
NAME OF ADOPTION AGENCY OR ATTORNEY	Y:	
TOTAL EXPENSES: \$	I [ DO DO NOT ] (c assistance from a source other	
I certify that I have received and read a copy of the I for which I am seeking reimbursement are qualified does not make any commitment or guarantee that a income for federal, state or local tax purposes, or the available to me. I understand that it is my obligate excludable from my income for federal, state, or local exclusion or credit may be available to me, I cannot describe the state of the I cannot describe the state of the I cannot describe the state of the I cannot describe the I cannot descri	adoption expenses the Program amounts paid to me under this nat any other federal, state, or tion to determine whether any all tax purposes. I further acknow	Program will be excludable from my local tax treatment will apply to or be payment made under this Program is yledge that to the extent any income tax
I certify that the information provided on this form is correct and complete.		
SIGNATURE (employee):	DATE:	
HR DEPARTMENT USE ONLY UNIVERSITY APPROVAL (circle one): Approve De	eny AMOUNT:	
SIGNATURE:	DATE:	
PRINT NAME:	TITLE:	