



## ADOPTION REIMBURSEMENT APPLICATION

### Employee Information

Date:	Name:	ID:
Department:	Phone:	Email:
Indicate Employment Classification: <input type="checkbox"/> Administrator <input type="checkbox"/> Faculty <input type="checkbox"/> Staff		

### Child Information

Name:	Birthdate:
Date of Completed Adoption:	

Qualified adoption expenses up to \$5,000 are eligible for reimbursement under the Adoption Reimbursement Program. Qualified adoption fees include fees paid to adoption agencies or home-evaluation agencies; court costs; attorney fees; fees paid for documents and services such as notarization, which are required for the adoption; travel expenses (including transportation, meals and lodging while away from home); and other expenses directly related to and for which the principal purpose is the legal adoption of an eligible child.

### Expenses

Date	Paid To:	Services Rendered:	\$ Amount
		Total:	\$

Attach an additional sheet to record additional expenses as necessary.

By signing below, I certify that I have attached all applicable documentation for reimbursement under Chapman University's Adoption Reimbursement Program. I further certify that the child I am adopting is under 18 years of age, not married and is not my stepchild (or, if applicable, the child of my registered domestic partner). I understand I must notify the Office of Human Resources of any change regarding the adoption. I certify that all statements and documentation relating to this claim are complete and true.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit the completed form with attached receipts and a copy of the official adoption certification to the Office of Human Resources, Benefits Section, DeMille Hall Room 103, within six months of the adoption completion date.**

*To be completed by VPHR or designee:*

Approval Signature \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount Approved: \_\_\_\_\_