

**ADOPTION ASSISTANCE REIMBURSEMENT REQUEST FORM**

Employee's Name:	Employee's SSN:
Department:	Telephone Extension:
Child's Name:	Child's SSN:
Child's Country of Birth:	
Date Adoption Finalized:	
City, State of Adoption:	

Please list the eligible expenses related to the adoption:

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You must submit receipts and other supporting documentation related to this adoption along with this completed form to:

*DePaul University  
Attn: Human Resources-Benefits  
1 East Jackson Blvd.  
Chicago, IL 60604*

***Human Resources /Administrative Use Only***

Approved/Denied	Reimbursement Submitted to Payroll
Reason for Denial	HR Representative Signature