

ADOPTION ASSISTANCE REIMBURSEMENT REQUEST FORM

Employee Name	Employee's SSN
Department	Extension
Child 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:

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

*Compensation Department
DePaul University
1 East Jackson
Chicago, IL 60604*

Human Resources /Administrative Use Only

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