

# Adoption Assistance Reimbursement Form



## Employee Information

Employee ID #	Last Name	First Name	Work Phone + Ext
Job Title		Company	Org/Department

## Total amount being requested

\$

## Employee certification

I certify that I have read and understand the Adoption Assistance program information provided with this form and agree to the terms set forth therein. I understand that if I voluntarily terminate employment with the Company while verification of adoption expenses are pending, Adoption Assistance will not be paid out. I have attached proof of Adoption expenses and obtained my manager's approval/signature. I hereby verify that all information stated on this form is true and correct.

\_\_\_\_\_  
Print or Type Employee's Name

\_\_\_\_\_  
Employee's Signature:

\_\_\_\_\_  
Date:

## Manager to approve and sign

I approve of the above named employee's Adoption Assistance reimbursement request. I attest that the employee is successfully performing the job duties of their position and his/her job and full time status at the time of this signing.

\_\_\_\_\_  
Print or Type Manager's Name:

\_\_\_\_\_  
Manager's Signature:

\_\_\_\_\_  
Date:

## Procedures:

- Employee will complete and remit application and include copy of receipts to validate Adoption Expenses
- Form and receipts should be sent to [HRServices@hireright.com](mailto:HRServices@hireright.com)
- HR will contact Employee's manager to recertify that the employee is in good standing and eligible for reimbursement
- Upon confirmation of eligibility, HR will process reimbursement
- Reimbursement will be processed via payroll within two pay cycles of confirmation of eligibility and expenses

Office Use Only

HR Received by Employee

/ /

HR Reimbursement Processed

/ /

Amount Processed