



## Adoption benefits subsidy request

<b>Section 1: To be completed by the employee.</b>		
<b>Employee information</b>		
ASU ID number:		
Employee last name:	Employee first name:	
Department:	Department code:	
<b>Adopted child information</b>		
Child last name:	Child first name:	
Date of finalized adoption:		
<b>Co-parent information if employed by ASU</b>		
ASU ID number:		
Co-parent first name:	Co-parent last name:	
<b>Signature</b>		
I understand the following statements: <ul style="list-style-type: none"><li>• A copy of the finalized adoption documentation must be submitted along with this request.</li><li>• If approved, the reimbursement will be processed through ASU payroll and included on my paycheck.</li><li>• I must be in a benefits-eligible position at ASU both at the time the adoption is finalized and when the subsidy request is submitted.</li><li>• My family will receive only one adoption benefits subsidy per child.</li><li>• The subsidy request must be submitted within six months after the adoption has been finalized.</li></ul>		
Signature:		Date signed:
<b>Fax the attached form with required documents to 480-393-8840</b>		
<b>Questions? Call 855-278-5081 or email <a href="mailto:HRESC@asu.edu">HRESC@asu.edu</a></b>		
<b>Section 2: To be completed by OHR Benefits.</b>		
Request approved or denied:	Comments:	
Paycheck date:	HR Benefits processing signature:	Completion date: