Adoption benefits subsidy request

Form instructions: Submit the completed form with supporting documentation.		
Section 1: To be completed by the employee.		
Employee information		
ASU ID number:	Employee last name:	Employee first name:
Department:	Department code:	
Adopted child information		
Child last name:	Child first name:	
Date of finalized adoption:		
Co-parent information if employed by ASU		
ASU ID number:		
Co-parent last name:	Co-parent first name:	
Total requested amount		
Signature		
I understand the following statements: • A copy of the finalized adoption documentation must be submitted along with this request. • If approved, the reimbursement will be processed through ASU payroll and included on my paycheck. • 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. • My family will receive only one adoption benefits subsidy per child. • The subsidy request must be submitted within six months after the adoption has been finalized.		
Employee signature:	Date signed:	
Fax the attached form with required documents to 480-993-0007 **Questions? Call 855-278-5081 or email HRESC@asu.edu**		
Section 2: To be completed by OHR Benefits.		
☐ Request approved	Approved amount:	Paycheck date:
☐ Request denied	Reason for denial:	
HR benefits processing signature:		
Comments:		