

**IMPORTANT NOTES:** Please read prior to completing this form:

1. To prevent delays in processing, please complete all requested information.
2. Faxed copies of the completed form are not acceptable.
3. Staple all requested documentation to this form.
4. A copy of the final adoption decree is required.
5. All receipts must be in U.S. dollars.

**SECTION 1: EMPLOYEE INFORMATION**

Employee's Full Name: First	M.I.	Last	OSU Employee ID# (required)	
Daytime Phone	Email Address		State	Zip Code
Spouse's Full Name: First	M.I.	Last	Social Security Number (required) or OSU Employee ID# (if employed)	

**SECTION 2: ADOPTION INFORMATION**

Adopted Child's Full Name: First	M.I.	Last	Social Security Number (required)	
Date of Birth	Date of Adoption (attach final adoption decree)			

**SECTION 3: ELIGIBLE ADOPTION EXPENSES**

Date Eligible Expense Incurred	Date Expense Paid	Paid To	Description of Eligible Expense (Attach copies of itemized bills or documents)	Amount of Eligible Expense
<b>Total Amount to be Reimbursed (maximum allowable is \$5,000 per child):</b>				

**SECTION 4: EMPLOYEE CERTIFICATION**

I certify to the best of my knowledge that the expenses included in this request are eligible adoption expenses and that I am responsible for payment of these expenses. I understand that it is my responsibility to verify with the IRS or my tax consultant the tax implications of receiving this money, and that I assume all tax liability for this reimbursement.

Employee's Signature	Date
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If you need further assistance or have questions, contact the Office of Human Resources Customer Service Center at: **614-292-1050, 800-678-6010, [hr@osu.edu](mailto:hr@osu.edu) or [hr.osu.edu](http://hr.osu.edu).**

**Return completed form to:** The Ohio State University, Office of Human Resources, Benefits Processing/Adoption, Suite 300, 1590 North High Street, Columbus, OH 43201-2190.