

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 adoption placement certificate or final adoption decree is required.
5. All receipts must be in U.S. dollars.

Section I: Employee Information

Ohio State Employee's Name: Last _____ First _____ MI _____

OSU Employee ID Number (required) _____ Daytime Phone _____ E-mail Address _____

Spouse/Partner's Name: Last _____ First _____ MI _____ Social Security Number (required) or OSU Employee ID # if employed _____

Section II: Adoption Information

Adopted Child's Name: Last _____ First _____ MI _____ Date of Birth _____

Child's Social Security Number (required) _____ Date of Adoption (Attach Documentation) _____

Section III: Eligible Adoption Expenses

Date Eligible Expense Incurred MM/DD/YY	Date Expense Paid	Amount of Eligible Expense	Paid To	Description of Eligible Expense (Attach <u>copies</u> of itemized bills or documents)

Total Amount to be Reimbursed: **(Maximum allowable is \$5,000 per child.)**

Section IV: 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 _____

If you need further assistance or have questions, contact the Office of Human Resources Customer Service Center at (614) 292-1050, 1-800-678-6010, service@hr.osu.edu, or 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.