

Adoption Assistance Request Form



PART I: EXPENSE REIMBURSEMENT REQUEST

All active full time and part time regular employees are eligible for adoption expenses reimbursement on the date adoption is finalized.

By completing this form, the employee agrees to the AECOM Adoption Assistance policy as detailed in the Employee Handbook.

Employee Number	Last Name	First Name
Date of Adoption		
Reimbursable "qualified adoption expenses" <ul style="list-style-type: none">• Adoption fees• Attorneys fees• Court costs• Travelling expenses, including meals and lodging away from home• Other expenses<ul style="list-style-type: none">○ Directly related to legal adoption○ Not incurred in violation of state or federal law○ Not incurred in carrying out any surrogate parenting arrangement○ Not reimbursed by another source <p>All documentation which is submitted for reimbursement must be in English. If the documentation is in another language, it should be submitted along with an English translation of the document certified by a professional translation company. A fraudulent misstatement or omission of fact may be grounds to deny claims for adoption assistance benefits and/or lead to disciplinary action. Reimbursement of adoption expenses will be done in the year in which the adoption is finalized, even though expenses may have been incurred in a prior year.</p>		
Total Amount to be Reimbursed \$ _____		
<input type="checkbox"/> Receipt #1 Description: _____		
<input type="checkbox"/> Receipt #2 Description: _____		
<input type="checkbox"/> Receipt #3 Description: _____		
<input type="checkbox"/> Receipt #4 Description: _____		
<input type="checkbox"/> Receipt #5 Description: _____		
<input type="checkbox"/> Receipt #6 Description: _____		
<input type="checkbox"/> Receipt #7 Description: _____		
<input type="checkbox"/> Receipt #8 Description: _____		
<input type="checkbox"/> Receipt #9 Description: _____		

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PART II: APPROVALS

Employee Acknowledgment:

By signing this form, I acknowledge that I have submitted documents providing costs that were incurred by me for the sole purpose of the adoption of my child and that these documents are the original paperwork which were provided to me by the agencies and vendors who rendered services in relation to this adoption.

Employee (Print Name/ Signature)	Date
Benefits Department Signature (Print Name/ Signature)	Date
Human Resources Shared Services (Print Name/ Signature)	Date

Please submit this form, with documentation for reimbursement attached, to HRprograms@aecom.com.
Your reimbursement will be included in your pay check according to the Payroll schedule.