

ROCHESTER INSTITUTE OF TECHNOLOGY

Adoption Assistance Program Reimbursement Form

Name: _____

Employee No.: _____

Work Phone: _____

Department: _____

Date of Hire: _____

Pay Frequency: Bi-Weekly Semi-Monthly

I wish to apply for reimbursement for the following adoption expenses through the RIT Adoption Assistance Program.

_____, _____, was placed in our home on
 Child's Name Date of Birth

_____. The expected legal adoption date is _____.
 month/day/year month/day/year

EXPENSES

Eligible expenses include reasonable and necessary adoption fees, court costs, attorney fees and traveling expenses (including meals and lodging). Please see the Adoption Assistance Policy for additional eligible expenses and excluded expenses.

<u>Date</u>	<u>Amount</u>	<u>Explanation</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Please attach receipts for itemized expenses.

I understand that expenses reimbursed under RIT's Adoption Assistance Program are not subject to income tax withholding, but are subject to FICA (Social Security and Medicare tax) withholding. In addition, I understand that the reimbursement amount will be reported in box 13 of my Form W-2, identified with the letter "T". I further understand that the reimbursement amount will not be included with my taxable wages in box 1 of Form W-2. If the reimbursement does not qualify for the adoption exclusion under Internal Revenue Service (IRS) rules, I understand that I must make an adjustment on my tax return and that I will be responsible for any taxes.

 Employee Signature

 Date

 Human Resources Approval

 Date