

Employee to complete

Employee ID #	Last Name	First Name	Work Phone + Ext
Job Title		Company	Org/Department

Total Requested

\$

Employee certification

I certify that I have read and understand the Adoption Assistance program information provided with this form and agree to the terms set forth therein. I understand that if I voluntarily terminate employment with the Company pending Adoption Assistance will not be paid out. I have, attached proof of adoption expenses, and obtained my manager's approval/signature. I hereby verify that all information stated on this form is true and correct.

Print or Type Employee's Name	Employee's Signature:	Date:

Manager to approve and sign

I approve of the above named employee's Adoption Assistance Reimbursement request. I attest that the employee is successfully performing the job duties of their position and his/her job and full time status at the time of this signing.

Print or Type Manager's Name:	Manager's Signature:	Date:

Procedures:

- Employee will complete and remit application and include copy of receipts to validate adoption expense.
- Form and receipts should be sent to Benefits@KLDiscvery.com.
- HR will contact employee's manager to recertify that the employee is in good standing and eligible for reimbursement.
- Upon confirmation of eligibility, HR will process reimbursement.
- Reimbursement will be processed via payroll within 2 pay cycles of confirmation of eligibility.

Office Use Only

HR Received by Employee / / \$	HR Reimbursement Processed / / \$	
-----------------------------------	--------------------------------------	--