

Adoption Reimbursement Request

Employee Information	Eligible Adoption Expenses		
Employee Name	Date Paid	Amount	Description
Personnel Number (PERNR)	_____	_____	_____
Service Date: Month-Day-Year	_____	_____	_____
Operating Company	_____	_____	_____
Work Location	_____	_____	_____
Home Address: No. and Street	Total Reimbursement Requested: _____		
City	<ul style="list-style-type: none"> • Please attach copies of receipts in U.S. Dollars for expenses listed above, as well as written evidence of placement from the State. • Qualified reimbursements under the Internal Revenue Code are not subject to federal income tax withholding. They are subject to FICA/FUTA withholding and possibly state/local withholding. 		
State Zip Code			
Home Telephone	Employee Request for Reimbursement		
Work Telephone	I am adopting a (check all that apply):		
Cell	<input type="checkbox"/> Child under age 18 <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster child <input type="checkbox"/> Relative <input type="checkbox"/> Child from overseas <input type="checkbox"/> Biological child <input type="checkbox"/> Second parent adoption		
Fax	I would like to apply for reimbursement of the adoption expenses listed above, confirming that _____, whose birth date is _____, was placed in my home for the purpose of adoption on _____. If finalized, the date of adoption finalization was _____ (required for international adoptions).		
Email	I certify that this is a claim for allowable expenses under Chevron's Adoption Reimbursement Program. I also certify that I am not requesting a separate adoption reimbursement for the same child from another employer's adoption reimbursement program. I further certify that I am not requesting reimbursement under Chevron's Surrogacy Reimbursement Program for any expense related to the same adoption contract.		
Does your spouse/domestic partner work for Chevron? [] Yes [] No If yes, PERNR	<div style="display: flex; justify-content: space-between; margin-top: 20px;"> Signature of Employee _____ Date _____ </div>		
Attach copies of receipts and e-mail the form to: Chevron Adoption Reimbursement Worklife@chevron.com Employee Assistance and WorkLife Services	For office use only: Amount to be reimbursed: _____ Date _____		