



YOUR EMPLOYEE ID (REQUIRED)\*

Employee ID# \_\_\_\_\_

\* *Employee Central ID (can be found on paycheck)*

## Masonite Adoption Assistance Request Form

### Eligibility

All US active, full-time employees who have completed at least twelve (12) months of service prior to requesting adoption reimbursement. Employees must be active at the time of payment.

### Eligible Child

Eligible Child is defined as a child under 18 not related to the employee who is legally adopted through the court system on or after January 1<sup>st</sup>, 2022.

### Adoption Assistance Reimbursement

Up to \$7,500 may be reimbursed for qualifying adoption expenses, including legal fees, court fees and adoption agency fees. Proof of payment and supporting documents are required, including final adoption action by court. Please attached copies to this form and submit to your local Human Resources representative.

I understand the eligibility requirements and that my request is subject to review and approval before payment is processed.

I understand providing false information on this form is a violation of Masonite's Code of Conduct and may result in disciplinary action, up to and including termination of my employment.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Employee*

\_\_\_\_\_  
*Amount Requested*