



CHILD CARE / DEPENDANT CARE APPLICATION FORM

Name of Claimant (print): _____

Home Address: _____

Postal Code: _____ Home Email: _____

Work Site: _____ Mobile Phone: _____

Child/Dependant Care is needed for: Dependant
 Child (up to 13 years) DOB: _____

Child/Dependant Care is needed for the following meeting: _____

Date of Meeting: _____ Scheduled Shift: _____

Name of Caregiver (print): _____

Address: _____

No. of hours claimed: _____ X Rate of \$ _____ Per Hour = \$ _____

(Refer to Child/Dependant Care bylaw re: eligible hours and maximum rate below)

Bylaws – Section 31: Child and Dependant Care

- 31.1 Expenses for child care up to 13 years of age, and dependant care, shall be reimbursed to members to attend general membership meetings, special meetings, executive meetings, and committee meetings for appointed members.
- 31.2 Child/dependant care reimbursement is available upon approval of the Child Care/Dependant Care application form and the expense claim form.
- 31.3 The availability of child care expense reimbursement shall be included in the Members' Voice as part of the meeting announcements.
- 31.4 Reimbursement at a rate of up to \$20 per hour will be provided for child/dependant care costs incurred outside the normal work day to a maximum of four hours and on a non-working day to a maximum of eight hours.
- 31.5 All other requests for child/dependant care reimbursement shall be considered on a case by case basis by the Secretary-Treasurer.

DECLARATION OF CLAIMANT

This is to certify that I have incurred child/dependant care expenses noted on this application in order to attend the described meeting of the Union.

Applicant: _____ Date Submitted: _____
(Signature)

Approval: _____ Date Approved: _____