



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:

Executive Steward Committee Membership Meeting Other

Name of Committee Meeting or Other: _____

Date of Meeting: _____ Scheduled Shift: _____

Name of Caregiver (print): _____ Address: _____

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

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

POLICY 1.4.3 CHILD CARE AND DEPENDANT CARE SUBSIDY

- (1) Expenses for child care, up to 13 years of age, and dependant care, shall be provided in the following cases:
 - a) Members - to attend general meetings, special meetings, Union or Society social events, Executive meetings, and committee meetings for appointed members.
 - b) Shop Stewards – as above, with the addition of shop steward's functions.
 - c) Executive members – as above, with the addition of Executive Board meetings.
- (2) Expenses for child and dependant care shall be provided with the following provisions:
 - a) The claimant shall provide relevant information on a form provided by the Union by way of application for reimbursement.
- (3) The availability of child care expense reimbursement shall be included in the Members' Voice as part of meeting announcements.
- (4) Reimbursement will be provided for child and dependant care costs incurred outside the normal work day to a maximum of four hours and on a non-working day for hours worked outside of regular hours of work to a maximum of eight hours, at a rate of up to \$15 per hour.
- (5) All other requests for funding shall be dealt with on a case by case basis.

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 of Applicant

Approval: _____ Date Approved: _____
Sally Bankiner, Secretary-Treasurer