

TO BE COMPLETED BY MEMBER

Name: _____ Local/Chartered Organization: _____

Address: _____

(For all events a maximum of 2 days for travel can be claimed.)

I am requesting financial assistance to cover additional child/family care costs incurred due to participation in

_____, held _____ to _____ in _____
(activity) (dd/mm/yyyy) (dd/mm/yyyy) (location)

I have paid child/family care costs in excess of my normal expenses for such care in the amount of \$ _____ per day, for a total of \$ _____. I understand that CUPE or any of its officers will not be held legally responsible for the care I arranged.

You may contact me at _____ between the hours of _____ and _____
(area code & number)

(signature of member)

Cheque payable to: _____ (indicate local union or delegate)

While at work, child/family care is normally required between the hours of _____ and _____ on _____
(days of the week)

I am sole provider of care

I share caregiving responsibilities with _____ He/she is not able to provide care during this CUPE event because _____
(name)

TO BE COMPLETED BY THE PERSON PROVIDING CHILD/FAMILY CARE SERVICES

I, _____ confirm that I have received the amount of \$ _____
(name of caregiver)

from _____ for child/family care services provided on _____
(member) (dates)

while the above-mentioned CUPE member was attending union activities.

Name(s) of child/family member: _____ Age(s): _____

Caregiver's signature: _____ Address: _____

Telephone number: _____
(area code & number)

TO BE SIGNED BY THE LOCAL CHARTERED ORGANIZATION AND SENT TO THE NATIONAL SECRETARY-TREASURER FOR APPROVAL

Signature of secretary or treasurer (other than delegate)

Date

DEFINITION OF FAMILY:

CUPE recognizes that family is not solely defined as consisting of “mother AND father with children” and may take several forms, including, but not limited to single parent, same-sex parents, grandparent, and dependent adult living in the household.

Reimbursement will only be made when:

1. Child/family care expenses are paid by members while participating in eligible union activities. These expenses are above what the member normally pays for child/family care services.
2. Child/family care has been paid to a third party for the provision of care while participating to eligible union activities.
3. All child/family care forms are signed by the member and the caregiver.
4. **Receipt for the child/family care services is included.**
5. Completed form is received no later than 60 days after the event took place.

REIMBURSEMENT WILL NOT BE MADE FOR:

1. Child care expenses that would have been incurred had the member been performing his/her normal work day.
2. Child care that would normally not have been paid* (e.g. spouse/partner or relatives).

*In the case of specific care needs, the policy of non-payment to a relative may be waived by the NSTO.

Please specify if the child or adult dependent has special needs:

Please send the completed form with a receipt to:

Secretary-Treasurer