



C.U.P.E. ALBERTA DIVISION
APPLICATION FOR
AT-HOME CHILD CARE SUBSIDY

DELEGATE NAME: \_\_\_\_\_

Please indicate the dates for which at-home child care expenses were incurred, other than those normally incurred had the delegate been performing her/his normal work shift.

NOTE : Upon submission of a receipt, your Local Union will be reimbursed to the maximum of \$75.00 per day per child/dependent.

Table with 4 columns: LOCAL #, DATE, COST, NAME OF CHILD(REN). It contains four rows of blank lines for data entry.

LOCAL UNION MAILING ADDRESS: \_\_\_\_\_
\_\_\_\_\_

\_\_\_\_\_  
Signature of Delegate

\_\_\_\_\_  
Signature of Local Treasurer

ALBERTA DIVISION CONSTITUTION

ARTICLE 16 – CHILD CARE AND EXPENSES

Section 2 The Division may reimburse delegates for off-site child care/dependent care expenses, unless such expenses would have been normally incurred had the employee been performing their regular work shift.

NOTE: Reimbursement to be through the delegate's Local and shall be receipted and expenses only to a maximum of \$75.00 per day, per child/dependent.

Please RETURN this form along with original receipts of payment from the care giver/facility with an accompanying letter from the Local Union verifying the costs to the following:

CUPE Alberta Secretary-Treasurer
125 Simcoe Way
Fort McMurray, AB T9H 3B4