



CUPE 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 \$100.00 per day per child/dependent.

LOCAL #:	DATE:	COST:	NAME OF CHILD(REN):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 \$100.00 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
#7 Gareth Place
St. Albert Alberta T8N 3K5
or
Email: colleen.nash@cupeab.org**