



**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.*

<b>LOCAL #:</b>	<b>DATE:</b>	<b>COST:</b>	<b>NAME OF CHILD(REN):</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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**  
**#148 11905 - 111th Ave. Edmonton, AB T5G 0E4**  
**or**  
**Email: colleen.nash@cupeab.org**