



**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  
#105, 811 Manning Road NE, Calgary, AB T2E 7L4  
or  
Email: [clay.gordon@cupeab.org](mailto:clay.gordon@cupeab.org)**

