



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.

Table with 4 columns: LOCAL #, DATE, COST, NAME OF CHILD(REN). Includes 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 \$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
600 South, 10130 - 112 Street NW, Edmonton, AB T5K 2K4
or
Email: treasurer@cupeab.org

