



CANADIAN UNION OF PUBLIC EMPLOYEES

LOCAL 3550

14207 – 115 AVE NW EDMONTON, AB T5M 3B6 PHONE: 780.455.1435 FAX: 780.452.1462

CHILD CARE/DEPENDANT CARE APPLICATION FORM

Meeting/Event: _____

Meeting/Event Date: _____

Name: _____

Address: _____

Postal Code: _____ Email: _____

Work Site: _____ Phone: _____

Name of Caregiver: _____

No. of hours claimed: _____ Rate: _____

Section 15 - Child Care, Dependent Care and Elder Care

Caring for children, dependents or the elderly are barriers to actively participating in the union or to attending membership meetings. Local 3550 is committed to removing barriers within its control so that members have equal access to participation.

- (a) Any member who is on authorized Local 3550 business shall be eligible for child care, dependent care, and/or elder care expenses where required. Upon proof of payment, claims shall be reimbursed to a maximum rate of \$40.00 (forty dollars) per half day and \$80.00 (eighty dollars) per day.
- (b) Claims will not be paid for a spouse, partner, or a family member who normally provides care without charges. Claims will not be paid for periods of time where a member would normally have paid for care such as during normal hours of work at their job.
- (c) The Child/Dependent must normally reside within that member's residence. Extenuating circumstances will be considered on a case-by-case basis.

DECLARATION

This is to certify that I have incurred child care/dependent care expenses in order to attend this meeting of the Union.

Applicant: _____
(Signature)

Approval: _____
(Signature and Position)