

DEPENDANT CARE EXPENSE FORM

NAME _____ **SCHOOL** _____
 (please print)

DEPENDANT(S) NAME	AGE
_____	_____
_____	_____
_____	_____
_____	_____

<u>DATE</u>	<u>COMM.MTG.</u>	<u>LOCATION</u>	<u>NAME OF SITTER</u>	<u>AMOUNT</u> e.g. 3hr.X \$7.00
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For Office Use Only

Account #**5419** Cheque# _____ Date of Payment _____
 month day year

Amount Rec'd. _____ Treasurer's Signature _____

DEPENDANT CARE EXPENSE FORM

POLICY:

All members attending Unit business/meetings, during non-business hours and **INCLUSIVE** of General Meetings of the Unit or Branch Affiliates, who have dependants requiring paid care in the absence of the member, shall be entitled to claim DEPENDANT CARE as per the established procedure.

PROCEDURE:

1. Dependant Care will be paid in accordance with the Provincial Dependant Care allowance and based on recorded meeting attendance.
2. The Unit Treasurer is responsible for approval of claims.
3. Committee Chairpersons shall be responsible for the distribution of Dependant Care forms.
4. Committee Chairpersons shall be responsible for ensuring the inclusion of attendance and location of meeting in meeting minutes.
5. The Treasurer shall be responsible for the distribution of Dependent Care Claim forms to Executive Council members and all Officers of the Unit and Branch Affiliates.
6. The individual is responsible for submitting claims as per the procedures.
7. Spouses are not eligible to receive Dependant Care expenses and older siblings only receive Dependant Care expenses when both parents are participants in an OECTA Activity.
8. The allowance claimable is \$7.00/hr. to a maximum of \$28.00 per meeting.