

**YORK REGION OCCASIONAL
TEACHERS' LOCAL**

ETFO-YR-OT
126 Wellington St. West suite 216
Aurora, ON L4G 2N9
905-726-8316
Fax 905-727-2637
YRDSB courier to:
ETFO-YR-OT OFFICE

**ETFO-YR OT CHILD AND DEPENDENT CARE
EXPENSE CLAIM FORM**

Member's Name (print) _____

Home Address _____

Member's Phone Number _____

Name of Workshop/Event _____

Date _____ Location _____

Workshop Leader's Name _____

Amount of Claim _____

- ❖ A receipt signed by the caregiver must accompany this form.
- ❖ Please submit within 4 weeks of event.

ETFO-YR OT Policy for Dependent Care

ETFO-YR OT will partially subsidize the dependent care costs of members who attend workshops or meetings sponsored by the ETFO-YR OT, subject to the following:

1. Maximum amount claimable is \$35 for one dependent and \$25 for each additional dependent, to a maximum of \$80 per member per occasion.
2. The caregiver is not the spouse of the member.
3. A receipt for the dependent care expense is submitted to ETFO-YR OT within 4 weeks of the occasion.
4. Payment for overnight care shall not exceed \$40 for the first child/dependent plus \$25 for each additional child/dependent, to a maximum of \$90.
5. Payment for child care is limited to dependents 18 years of age and under.
6. Overnight care is a reimbursable expense if no caregiver would otherwise be in the home overnight.
7. These guidelines will also be applicable if the member is authorized, by the executive, to represent ETFO-YR OT at an event which does not provide Child and Dependent Care Expense reimbursement. (Not applicable if Child or Dependent Care expenses paid by event organizers, but will subsidize if rate lower than ETFO-YR OT rate.)
8. The budget allotment has not been expended.

Date _____ ETFO-YR OT Member Signature: _____

FOR OFFICE USE ONLY

Approved by _____ Date _____

_____ Date _____

Cheque # _____

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