

STATEMENT OF CLAIM FOR OFF-SITE CHILD CARE EXPENSES

TO BE FILLED OUT BY MEMBER

NAME: \_\_\_\_\_ MEMBERSHIP #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

THIS IS TO CERTIFY THAT I HAVE INCURRED EXPENSES FOR OFF-SITE CHILD CARE FOR MY CHILD(REN):

\_\_\_\_\_  
(NAME(S) OF CHILD(REN))

WHILE I WAS IN ATTENDANCE AT THE \_\_\_\_\_  
(SPECIFY UNION FUNCTION)

ON \_\_\_\_\_  
(SPECIFY DATE(S))

PLEASE REIMBURSE ME FOR THE AMOUNT OF \$ \_\_\_\_\_  
THIS IS PURSUANT TO ARTICLE 21, SECTION XII OF THE LOCAL CONSTITUTION AND I UNDERSTAND THAT THE UNION AND ITS OFFICERS ARE PROTECTED AGAINST ANY LEGAL ACTIONS THAT MAY ARISE AS A RESULT OF THESE OFF-SITE CHILD CARE SERVICES COMMISSIONED BY MYSELF.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

TO BE FILLED OUT BY CHILD CARE PROVIDER

I VERIFY THAT I RECEIVED PAYMENT FROM \_\_\_\_\_

FOR CHILD CARE SERVICES RENDERED ON \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

THIS FORM IS TO BE COMPLETED AND SUBMITTED TO THE LOCAL PRESIDENT FOR APPROVAL.

\_\_\_\_\_  
SIGNATURE OF LOCAL PRESIDENT

**\*\*SEE REVERSE FOR ART.21, SEC.XII OF THE LOCAL CONSTITUTION\*\***

TO BE FILLED OUT BY MEMBER

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_

**ARTICLE 21, SECTION XII**

That the Local pay a child care allowance as follows:

- a) payment is to be made to those members in good standing on authorized Local Union business at times other than their regular scheduled work times.
- b) payment will be made on a "per family" basis for dependant children under the age of 13 years.
- c) an appropriate child care form must be submitted and authorized by the Local President.
- d) the allowance shall be \$5.00 (five) for the first child and \$2.00 (two) for each additional child, for Union business of 6 (six) hours or less.
- e) the allowance shall be \$10.00 (ten) for the first child and \$4.00 (four) for each additional child, for Union business over 6 (six) hours per day.

DATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
TITLE: \_\_\_\_\_

THIS FORM IS TO BE COMPLETED AND SUBMITTED TO THE LOCAL PRESIDENT FOR APPROVAL

RIGHTS OF LOCAL UNION