



Newfoundland and Labrador Teachers' Association

Child/Dependent Care Expense Form

(Incurred Expenses)

Claimant: _____ Date of Claim: _____

Address: _____
Street/Post Office Box Town/City Postal Code

Reason for Claim: _____ Meeting Date: _____

Caregiver Name: _____
 Telephone: _____
 Caregiver Signature: _____
 NLTA Member Signature: _____

Dependent Names: _____

Amount Claimed: \$ _____

Hours of Care Required			
	Start Time	End Time	Daily Total
Date: _____	_____	_____	_____
Date: _____	_____	_____	_____
Date: _____	_____	_____	_____
Date: _____	_____	_____	_____
Date: _____	_____	_____	_____
Date: _____	_____	_____	_____
Date: _____	_____	_____	_____

(See 2nd side for extra use)

Policy Information:

The Association will cover the cost of necessary child/dependent care expenses for members if they are participants at the Association's Biennial General Meeting, committees of the Provincial Executive, Executive meetings, Joint Council meetings, grievance procedures, collective bargaining/negotiating sessions and other authorized Association business.

When members incur child care and/or dependent care expenses outside regular Monday to Friday teacher working hours, expenses will be paid for children (under age 16) and/or for dependents aged 16 or older who are physically or mentally infirm, reside in the member's home, are normally dependent on the member and for whom the member is responsible for providing care in the member's absence while on NLTA business. [Nov/23/06] [Feb/21- 23/07] [2007 BGM] [Oct/23&25/14] [2015 BGM] [Oct/20/2023]

The current expense for child care/dependent care is minimum wage per hour to a maximum of \$120.00 for a 24-hour period.

Hours of Care Required

	Start Time	End Time	Daily Total
Date: _____	_____	_____	_____
Date: _____	_____	_____	_____
Date: _____	_____	_____	_____
Date: _____	_____	_____	_____
Date: _____	_____	_____	_____
Date: _____	_____	_____	_____
Date: _____	_____	_____	_____
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Date: _____	_____	_____	_____
Date: _____	_____	_____	_____
Date: _____	_____	_____	_____
Date: _____	_____	_____	_____
Date: _____	_____	_____	_____
Date: _____	_____	_____	_____