



# Newfoundland and Labrador Teachers' Association Child/Dependent Care Expense Form

Claimant: \_\_\_\_\_

Address \_\_\_\_\_

(Street)

(Box Number)

(City)

(Postal Code)

Date of Meeting: \_\_\_\_\_

Type of Meeting: \_\_\_\_\_

Dependent(s)

Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Claimed: \$ \_\_\_\_\_

### Hours Needed for Care (Must be Completed)

<b>Date:</b>	<b>Morning</b>	<b>Total Hours</b> _____
	From: _____ A.M. To: _____ A.M.	
	<b>Afternoon</b>	
<b>Date:</b>	From: _____ P.M. To: _____ P.M.	<b>Total Hours</b> _____
	<b>Evening</b>	
	From: _____ P.M. To: _____ P.M.	
<b>Date:</b>	<b>Morning</b>	<b>Total Hours</b> _____
	From: _____ A.M. To: _____ A.M.	
	<b>Afternoon</b>	
<b>Date:</b>	From: _____ P.M. To: _____ P.M.	<b>Total Hours</b> _____
	<b>Evening</b>	
	From: _____ P.M. To: _____ P.M.	
<b>Date:</b>	<b>Morning</b>	<b>Total Hours</b> _____
	From: _____ A.M. To: _____ A.M.	
	<b>Afternoon</b>	
<b>Date:</b>	From: _____ P.M. To: _____ P.M.	<b>Total Hours</b> _____
	<b>Evening</b>	
	From: _____ P.M. To: _____ P.M.	

Name of Sitter (Please PRINT): \_\_\_\_\_

Address of Sitter: \_\_\_\_\_ Sitter Tel: \_\_\_\_\_

Signature of Sitter: \_\_\_\_\_

Signature of NLTA Member: \_\_\_\_\_

*The current expense for child care/dependent care is minimum wage per hour to a maximum of \$120<sup>00</sup> for a 24-hour period.*

*(See 2nd side for extra use)*

### Hours Needed for Care *(Must be Completed)*

<b>Date:</b>	<b>Morning</b> From: _____ A.M. To: _____ A.M.	Total Hours _____
	<b>Afternoon</b> From: _____ P.M. To: _____ P.M.	Total Hours _____
	<b>Evening</b> From: _____ P.M. To: _____ P.M.	Total Hours _____
<b>Date:</b>	<b>Morning</b> From: _____ A.M. To: _____ A.M.	Total Hours _____
	<b>Afternoon</b> From: _____ P.M. To: _____ P.M.	Total Hours _____
	<b>Evening</b> From: _____ P.M. To: _____ P.M.	Total Hours _____
<b>Date:</b>	<b>Morning</b> From: _____ A.M. To: _____ A.M.	Total Hours _____
	<b>Afternoon</b> From: _____ P.M. To: _____ P.M.	Total Hours _____
	<b>Evening</b> From: _____ P.M. To: _____ P.M.	Total Hours _____
<b>Date:</b>	<b>Morning</b> From: _____ A.M. To: _____ A.M.	Total Hours _____
	<b>Afternoon</b> From: _____ P.M. To: _____ P.M.	Total Hours _____
	<b>Evening</b> From: _____ P.M. To: _____ P.M.	Total Hours _____
<b>Date:</b>	<b>Morning</b> From: _____ A.M. To: _____ A.M.	Total Hours _____
	<b>Afternoon</b> From: _____ P.M. To: _____ P.M.	Total Hours _____
	<b>Evening</b> From: _____ P.M. To: _____ P.M.	Total Hours _____
<b>Date:</b>	<b>Morning</b> From: _____ A.M. To: _____ A.M.	Total Hours _____
	<b>Afternoon</b> From: _____ P.M. To: _____ P.M.	Total Hours _____
	<b>Evening</b> From: _____ P.M. To: _____ P.M.	Total Hours _____