



**ETFO-YR Occasional  
Teacher Local**

30 Eric T Smith Way  
Aurora, ON  
L4G 0Z6  
Fax 905-727-2637

**Please submit by:**

Post mail, Board Courier or by Fax.

**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.)

Date \_\_\_\_\_ ETFO-YR OT Member Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved by \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Cheque # \_\_\_\_\_