

# AAUP

## CHILD CARE POLICY AND APPLICATION

### AAUP CHILD CARE REIMBURSEMENT PROGRAM

Article 19.IV. H. of the AAUP Collective Bargaining Agreement (July 1, 2007 through June 30, 2011, extended through June 30, 2016) provides \$80,000 for each year of the contract.

This reimbursement program includes any **state licensed** child care facility or individual.

### AAUP CHILD CARE REIMBURSEMENT POLICY

The amount of \$40,000 will be distributed in the fall and spring based on the number of participating children. **ONLY ONE APPLICATION PER CHILD per reimbursement period.**

Reimbursement will be included in your paycheck with a notation indicating “miscellaneous: bonuses, fees & reimbursements.” Reimbursement is generally received six to eight weeks after the application period closes. Reimbursement money is considered income and must be declared for income tax purposes.

This program provides reimbursement for daycare of infants and children of preschool and kindergarten age and is not to be used for lodging, board, education, or care during non-working hours.

#### **I. ELIGIBILITY for reimbursement is determined by each child meeting the following criteria:**

- a) Each child must be a dependent of an AAUP bargaining unit member on regular payroll.
- b) Care must be received from a state-licensed facility or individual.
- c) The child is no longer eligible upon entering first grade.

**II. APPLICATION MUST BE COMPLETED AND SUBMITTED WITH COPIES OF PAYMENT RECEIPTS OR A PRINTED ITEMIZED RECEIPT. The receipts must include the name, address, state license number of the daycare provider, payer’s name, and child’s name**

1875 Storrs Road, Storrs, CT 06268 or U-6028  
Tel (860)487-0450 FAX (860)487-0341  
[www.uconnaaup.org](http://www.uconnaaup.org)

AAUP CHILD CARE REIMBURSEMENT APPLICATION  
(Please use a separate application for each child.)

**APPLICATION DEADLINES: FALL - DECEMBER 10  
SPRING - MAY 18**

FILL OUT, PRINT, AND RETURN FORM WITH RECEIPTS TO THE AAUP OFFICE.  
APPLICATIONS CANNOT BE PROCESSED WITHOUT RECEIPTS.

1. AAUP MEMBER'S NAME \_\_\_\_\_

2. EMPLOYEE # (6 digits) \_\_\_\_\_

3. TELEPHONE (H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (O) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. CHILD'S FULL NAME \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

5. NAME OF CARE PROVIDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

6. PROVIDER'S STATE LICENSE # (5 digits) \_\_\_\_\_ TELE. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7. CHECK MONTHS FOR WHICH DAYCARE WAS PROVIDED AND RECEIPTS INDICATE:

SPRING:  DEC  JAN  FEB  MAR  APR  MAY

FALL:  JUNE  JULY  AUG  SEPT  OCT  NOV

8. AVERAGE NUMBER OF HOURS PER WEEK IN DAYCARE \_\_\_\_\_

AAUP Member Signature \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICATIONS MUST BE SUBMITTED WITH RECEIPTS BY FAX, U-MAIL OR U.S. MAIL.**

**INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.**

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