

AAUP

CHILD CARE POLICY AND APPLICATION

UCONN-AAUP CHILD CARE REIMBURSEMENT PROGRAM

Article 19.IV. H. of the UConn-AAUP Collective Bargaining Agreement (July 1, 2021 through June 30, 2025) provides \$190,000 for fiscal years 2021-2025.

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

UCONN-AAUP CHILD CARE REIMBURSEMENT POLICY

The amount of \$95,000 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 income.” 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.

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

- a) Each child must be a dependent of an UConn-AAUP bargaining unit member on regular payroll.
- b) Care must be received from a state-licensed facility/individual or school.
- c) For each monthly submission, child must have attended daycare for at least two weeks during that month.
- d) 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
Tel (860)487-0450 FAX (860)487-0341
www.uconnaaup.org

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

**APPLICATION DEADLINES: FALL – FIRST THURSDAY IN NOVEMBER
SPRING – FIRST THURSDAY IN MAY**

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

1. UCONN-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: NOV DEC JAN FEB MAR APR

FALL: MAY JUNE JULY AUG SEPT OCT

8. AVERAGE NUMBER OF **HOURS PER WEEK** IN DAYCARE _____

UConn-AAUP Member Signature _____ DATE ____/____/____

**APPLICATIONS MUST BE SUBMITTED WITH RECEIPTS BY FAX,
U.S. MAIL OR EMAIL TO: GINADB@UCONNAAUP.ORG**

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

ALL APPLICATIONS WILL BE ACKNOWLEDGED.

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