

MANITOBA GOVERNMENT AND GENERAL EMPLOYEES' UNION CHILD CARE/ELDER CARE EXPENSES CLAIM FORM

PREAMBLE: The purpose of the Child Care/Elder Care Policy is to allow full participation at union meetings for members who have young children or an adult residing with them who requires care.

Child Care/Elder Care expenses shall be reimbursed to MGEU members while attending any of the following activities: *(subject to conditions as set out by the Board of Directors)*

1. Union sponsored education program
2. Union sponsored seminar
3. Union conferences or conventions
4. Union meetings.

CONDITIONS:

- (a) No costs will be reimbursed to any member for Child Care/Elder Care expenses that would have been incurred had that member been performing his/her normal work on that day.
- (b) Reimbursement shall be at **\$9.50** per hour per family to a maximum daily amount of \$150.
- (c) Child Care/Elder Care costs will only be reimbursed when a signed MGEU Child Care/Elder Care Expense Form from the member and the caregiver is submitted to the MGEU along with a normal expense account form. (MUST also include all Child Care/Elder Care Receipts.)
- (d) No reimbursement will be paid to a relative or any other person living at the same residence as the member.
- (e) Reimbursement will be for costs related to children 13 years of age and younger or an adult residing with you who requires care.
- (f) Where exceptional circumstances dictate, exceptions can be approved by the Chairperson of the Finance Committee or the Vice-Chairperson in the absence of the Chairperson.
- (g) The MGEU will not be responsible for any transportation costs for the caregiver.

Date of Meeting: _____ Type of Meeting: _____

Time of Meeting: _____ Adjournment: _____

Length of time a caregiver is required to be in attendance at member's residence:

Date: _____ From: _____ To: _____

Date: _____ From: _____ To: _____

Date: _____ From: _____ To: _____

Please use discretion when filling out these claims. If a family member etc. is available at no charge we encourage that you use this method of care. This claim is meant to defray some expenses for members who would be at more meetings if they had some financial assistance in the way of Child Care/Elder Care Expenses. Please use good judgement.

Member Signature: _____

Caregiver Signature: _____

**PLEASE READ THESE GUIDELINES FOR
CHILD CARE/ELDER CARE EXPENSE CLAIMS CAREFULLY**