

**EXCLUSIVELY REPRESENTED ACADEMIC STUDENT EMPLOYEE (ASE)
CHILD CARE REIMBURSEMENT
(PURSUANT TO ARTICLE 4 OF THE UAW AND UC COLLECTIVE BARGAINING AGREEMENT)
UCB Child Care Reimbursement Claim Form**

Submit your completed form to your department personnel office or other campus designated office.

Deadline

Reimbursement requests for expenses must be submitted after the expenses are incurred. Reimbursement requests should be submitted via this form based on campus specified deadlines.

This program is effective July 1, 2008 and will remain in effect through September 30, 2009. Continuing participation beyond September 30, 2009 will be subject to ongoing negotiation.

If you are a UC academic student employee represented by the UAW, use this form to request reimbursement of your eligible child care expenses under the Academic Student Employee (ASE) Child Care reimbursement program. See UC Berkeley Child Care Reimbursement Program -Questions and Answers.

A qualified dependent is a non-school age (pre-kindergarten) child in the custody of an ASE. The reimbursement limit is \$450 per semester.

A child care provider must be licensed with a valid tax identification number.

Payments under this program are subject to Federal, State and FICA taxes. Federal withholding will be 25 percent and state tax will be 6 percent. Payment for expenses will be in the same form (paper check or electronic deposit) as the ASE normally receives. Summer semester is not eligible for reimbursement.

PERSONAL INFORMATION

EMPLOYEE'S NAME (Last, First, Middle Initial)	EMPLOYEE ID NO.	CAMPUS
ADDRESS (Number, Street)	DEPARTMENT	HOME PHONE ()
(City, State, ZIP)		WORK PHONE ()

DEPENDENTS

DEPENDENT NAME	RELATIONSHIP	BIRTHDATE
DEPENDENT NAME	RELATIONSHIP	BIRTHDATE
DEPENDENT NAME	RELATIONSHIP	BIRTHDATE

DEPENDENT CARE INFORMATION

DEPENDENT CARE PROVIDER	TAXPAYER ID NO.	DATES OF SERVICE (FROM-TO)	AMOUNT OF INCURRED EXPENSES (Attach a copy of documentation)	AMOUNT TO BE REIMBURSED
1. NAME			\$	\$
ADDRESS (Number, Street)	<input type="checkbox"/> FALL SEMESTER <input type="checkbox"/> SPRING SEMESTER			
(City, State, ZIP)				
2. NAME			\$	\$
ADDRESS (Number, Street)	<input type="checkbox"/> FALL SEMESTER <input type="checkbox"/> SPRING SEMESTER			
(City, State, ZIP)				
3. NAME			\$	\$
ADDRESS (Number, Street)	<input type="checkbox"/> FALL SEMESTER <input type="checkbox"/> SPRING SEMESTER			
(City, State, ZIP)				
TOTAL AMOUNT TO BE REIMBURSED ➡				

EMPLOYEE'S SIGNATURE

I certify that: 1) I have incurred these expenses and have not previously requested payment for them from any source; 2) I have met all the requirements for dependent care expenses (including as required by to the Internal Revenue Code); 3) under penalty of perjury the above information is true to the best of my knowledge.

SIGNATURE (must be an original; not a photocopy)	DATE
--	------

FOR CAMPUS/LOCATION USE ONLY—Department personnel office or other campus designated office signature at right certifies that the form is complete, that the employee has/had an appropriate appointment as an ASE and that applicable documentation is attached.	SIGNATURE	<input type="checkbox"/> DEPARTMENT PERSONNEL OFFICE OR OTHER CAMPUS OFFICE AUTHORIZES PAYMENT TO ASE AND INITIATES PAYMENT SFOLLOWING CAMPUS GUIDELINES.
--	-----------	---

PRIVACY NOTIFICATIONS

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The officials responsible for maintaining the information contained on this form are the Office of the President and campus Academic and Staff Personnel Managers or campus Accounting Offices.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article 1X, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011.6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.