CHILDCARE REIMBURSEMENT PROGRAM PROCEDURES

This program is for registered UCLA students holding at least a 25% ASE and/or GSR appointment during the academic year and who have (a) qualified dependent(s). An ASE/GSR who meets the standard eligibility requirements will be offered a reimbursement of up to $900 per quarter or $1,350 per semester for childcare costs during the academic year. Additionally, an ASE/GSR who meets the standard eligibility criteria for a summer session appointment can be reimbursed up to $900 for eligible expenses incurred during the summer. The $900 limit applies regardless of the number of summer terms an ASE/GSR may work in a calendar year. To be eligible for reimbursement during the summer term, the ASE/GSR must also be a registered student in the regular academic terms preceding and following the summer session appointment.

Definitions

Qualified dependent: A qualified dependent for purposes of this program shall include children in the custody of the ASE/GSR, who are age 12 or under on July 1st. The child must be in the custody of the ASE/GSR, i.e. claimed as a dependent on the ASE/GSR tax return.

Allowable receipts: If care is provided in a day-care center, the center must charge a fee. If the center cares for six or more dependents who are not residents, it must comply with all state and local licensing laws and applicable regulations. Expenses incurred before the beginning of or after the end of a term are not eligible for reimbursement. Child care provided by the spouse, a child of the ASE/GSR under age 19, or someone else the ASE/GSR claims as a dependent for tax purposes is not reimbursable.

Reimbursement Process

ASE/GSR Employee

1. Normally, at the end of the quarter or semester, or when the maximum reimbursement amount has been reached during the term,
   a. GSR downloads the ‘GSR Childcare Reimbursement form’ from the following website:
      http://www.gdnet.ucla.edu/gss/appm/gsrchildcare.pdf
   b. ASE downloads the ‘UBEN 254’ from the following website:
      http://atyourservice.ucop.edu/forms_pubs/subject/ase_child.html

2. The ASE/GSR completes the form, certifies that the appropriate program requirements are met and submits the form and applicable child care provider receipt(s) to the hiring unit’s personnel officer or other campus designated office.

3. Reimbursement requests must be submitted after the expenses are incurred. Reimbursement requests should be submitted via UBEN 254 form no later than the last day of the following term, (e.g. reimbursement for Fall quarter must be submitted by the end of Winter quarter). If the reimbursement is for Spring term, the request must be submitted before the first day of the Fall term.

Note: Two GSR/ASE employees may not each claim the credit for the same provider care for an eligible child unless the provider care exceeded the term dollar limit of $900 per quarter or $1,350 per semester.
12 September 2014
The second GSR/ASE employee may claim the additional expense reimbursement by submitting a separate claim.

Administration
1. Department personnel officer, or other campus designated official, certifies that the form is complete, the employee has/had a qualified GSR/ASE appointment, and that the applicable documentation is attached.
   a) Employee must have had a valid GSR/ASE appointment for a minimum of 25% time for the duration of the term reimbursement is submitted for.

2. Department personnel officer, or other designated official, authorizes payment to the GSR/ASE and initiates payment following campus guidelines.
   a) Hiring unit authorizes a one-time payment using either the online PPS Department Time Reporting screen ‘EDFT’ or the UPAY 564 form. The DOS code ‘BXC’ is to be used for the reimbursement. Or, hiring unit submits payment authorization to the designated payroll processing unit for the department. A one-time payment using either UPAY 564 or the online PPS Department Time Reporting Screen ‘EDFT’ will be generated by that unit. Payments made using the DOS code are subject to Federal, State and FICA withholding taxes, if applicable. The Federal tax withholding rate will be 25% (reference Federal Regulations 31.3403(g)-1) and the State tax withholding rate at 6%.

3. Hiring unit retains authorized reimbursement request form and associated receipt(s) in employee file. Forms should be retained for a period of five years.

4. The payment will be generated through the PPS. Payment will normally be in the same form as the GSR/ASE normally receives pay -- i.e. check or electronic deposit. If a GSR/ASE employee is no longer actively employed at the time of the reimbursement, then a paper check will be issued.

5. Appropriate charges to the hiring unit will appear on the Distribution of Payroll Expense Report and in the General Ledger.

6. After the second year of the program Graduate Division will provide a utilization report to Academic Planning and Budget which will help determine and report on the cost of the Child Care Reimbursement program using the DOS Code ‘BXC’ established for the reimbursement.
12 September 2014

**Attachment 1 – Example of BXC Pay Transaction on the ‘EDFT’ Screen**

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<th>Dept. Time Reporting</th>
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<td>Emp Status: I</td>
<td></td>
</tr>
<tr>
<td>Pay End: 01/31/08 Check Date: 02/01/08 Pay Cycle: MO</td>
<td>Page 1 of 1</td>
<td></td>
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<table>
<thead>
<tr>
<th>C Seq</th>
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<th>C P C Ttl</th>
<th>DOS Amount</th>
<th>MMDDYY P</th>
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<tbody>
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<td>3400100</td>
<td>19900</td>
<td>2</td>
<td>2310 BXC 00300.00 123107</td>
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</tbody>
</table>

Next Func: ID: 000050049 Name: SSN: Seq No: Pay Cycle: MO Pay End: 013108
U0001 Input accepted

F: 1-Help 2-Cancel 4-Print 5-Update
F: 9-Jump
PAYROLL / PERSONNEL

ONE-TIME PAYROLL PAYMENT AUTHORIZATION

UPAY564 (03957) R1138

<table>
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<tr>
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<th>PROJECT</th>
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<tbody>
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<td>119102</td>
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</tbody>
</table>

REASIGN

To Reimburse fees for child care expenses incurred during the fall quarter of 2007. Receipts on file.

PAYING DEPARTMENT: ACCOUNT CODE 6000000000

REIMBURSEMENT FROM DEPARTMENT FUNDS

DESCRIPTION OF SERVICE CODES

UXM - UNIVERSITY EXTENSION
UXD - U.C. DAILY DUTY
HOR - HONORARIES
ADL - ADDITIONAL COMPENSATION
BYV - BY AGREEMENT
HFL - HOURS LEAVE BENEFITS
SPA - SPECIAL PERFORMANCE AWARD

RELEVANT CONTACTS

ACCOUNTING - 554-897-6234

APPROVED:

DATE: 

FINANCE DEPT:

DATE: 

ADMISSIONS DEPARTMENT:

DATE: 

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