

Graduate Student Researcher (GSR) Childcare Reimbursement

Please return to your hiring department personnel office.

Reimbursement limit: \$900 per quarter or \$1,350 per semester during the regular academic year; \$900 during summer.

Reimbursement eligibility: qualified dependent and GSR appointment for a minimum of 25% time or more for the duration of the term.

Deadline: Requests to reimburse expenses must be submitted after the expenses have been incurred. Reimbursement requests should be submitted via this form no later than the last day of the following term.

Payments under this program are subject to Federal, State and FICA taxes, if applicable. Federal tax withholding will be 25 percent and state tax withholding will be 6 percent.

Personal Information

Name (Last, First, Middle) _____ University ID # _____

Hiring Department _____

Phone _____ Work Phone _____

Dependents

A qualified dependent is a child in the custody of a GSR who is age 12 or under on July 1st.

Name _____ Relationship _____ Birth Date _____

Name _____ Relationship _____ Birth Date _____

Name _____ Relationship _____ Birth Date _____

Care Providers

Childcare providers must be licensed with a valid taxpayer ID number or Social Security Number.

(1) Name _____ Taxpayer ID # _____

Address (include city, state, & zip) _____

Dates of service: from _____ to _____ during the term(s) Fall Winter Spring Summer

Amount of incurred expenses (attach documentation) _____ Amount to be reimbursed _____

(2) Name _____ Taxpayer ID # _____

Address (include city, state, & zip) _____

Dates of service: from _____ to _____ during the term(s) Fall Winter Spring Summer

Amount of incurred expenses (attach documentation) _____ Amount to be reimbursed _____

(3) Name _____ Taxpayer ID # _____

Address (include city, state, & zip) _____

Dates of service: from _____ to _____ during the term(s) Fall Winter Spring Summer

Amount of incurred expenses (attach documentation) _____ Amount to be reimbursed _____

Total amount to be reimbursed _____

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 _____ Date _____

For Hiring Department Use:

This form is complete. The employee has/had an appropriate appointment as a GSR at 25% or higher for the duration of the term. Applicable documentation is attached.

I authorize payment to the GSR and will initiate payments following the campus guidelines.

Signature _____ Date _____

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 IX, 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.