

# CAW PAID EDUCATION LEAVE PROGRAMS CHILD CARE SUBSIDY FORM

STUDENT NAME: (please print) \_\_\_\_\_ Signature: \_\_\_\_\_

Local Union #: \_\_\_\_\_ Company Name: \_\_\_\_\_

Course Date: \_\_\_\_\_ Course Name: \_\_\_\_\_

NAME OF CHILD/CHILDREN

DATE OF BIRTH

\_\_\_\_\_  
(mm/dd/yy)

\_\_\_\_\_  
(mm/dd/yy)

\_\_\_\_\_  
(mm/dd/yy)

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| <p><b>PEL OPENING WEEKEND</b></p> <p>a) "Regular" weekend child care expenses</p> <p>_____</p> <p>b) Child care expenses <u>above</u> "Regular"</p> <p>_____</p> |
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| <p><b>PEL WEEKS 1-4 OR 1&amp;2 WEEK PROGRAMS</b></p> <p>a) "Regular" weekly child care expenses</p> <p>_____</p> <p>b) Child care expenses <u>above</u> "Regular"</p> <p>_____</p> |
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The PEL program Guidelines stipulate that only "Additional Child Care costs (over and above "Regular" costs) arising from participation in a PEL program will be covered upon receipt of proper authorization forms."

REASON FOR CLAIM: \_\_\_\_\_

**WE HEREBY AUTHORIZE CHILD CARE SUBSIDY TO BE PAID ON BEHALF OF THE ABOVE STUDENT:**

Local Union Verification: \_\_\_\_\_

(Print Name & Title - President, Financial Secretary or Chairperson)

Date: \_\_\_\_\_

(Signature - President, Financial Secretary or Chairperson)

**PLEASE MAIL OR FAX IN ADVANCE OF COURSE DATE  
CAW PEL PROGRAM - RR#1, PORT ELGIN ON NOH 2C5 OR FAX# 519-389-3845**