



Junior Faculty Child Care Assistance Program

Reimbursement Claim FY 2009 - 2010

Reimbursements are processed quarterly. Claims received by the 15th of the month will be reimbursed on the 22nd of the following month, separately from pay. Reimbursements are taxable as income.

I am applying during the reimbursement period ending:

- 1 – November 15, 2009 2 - February 15, 2010 3 – May 15, 2010 4 – August 15, 2010

PART ONE: FACULTY INFORMATION

Read the official brochure of Stanford's Junior Faculty Child Care Assistance Program. Complete form in blue or black ink. **Please print clearly.**

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)		STANFORD EMPLOYEE ID	
HOME STREET ADDRESS			
CITY, STATE, ZIP		HOME PHONE	
E-MAIL ADDRESS		WORK PHONE	
DEPARTMENT		CAMPUS ID MAIL ADDRESS	

PART TWO: EXPENSE INFORMATION

Child's Name	Care Start Date (mm/dd/yy)	Care End Date (mm/dd/yy)	Provider Name	Last 4 digits of Provider SSN/TIN	Amount

If more space is needed, please attach an additional page.

Total

Please make sure you **sign** the form and **enclose** all the items listed in Part Three.

PART THREE: FINANCIAL & ELIGIBILITY INFORMATION

In order to determine award amounts, the following documentation is required with your reimbursement claim.

- Copies of receipts for child care listed in Part Two (A signed, handwritten receipt from provider is acceptable.)

Re-verification of eligibility for:

Junior Faculty Member

- My appointment status has not changed during this reimbursement period.

Spouse/Partner

My spouse/ registered domestic partner is:

- Employed at least 75% FTE (30 hours/week), or
 A full-time student, or
 Disabled

READ, DATE AND SIGN

Statement of Understanding — By signing below, I certify that I have attached all applicable source documents. I certify under penalty of perjury that all statements and documentation relating to this claim are true. I understand that incomplete or inaccurate information may adversely affect my child(ren)'s eligibility under this program, up to and including repayment to Stanford University of any funds awarded and/or may result in disciplinary action.

Employee Signature

Date

Return this application and all required supporting documentation to:

WorkLife Office
JFCCAP Reimbursements
P.O. Box 20554
Stanford, CA 94309

Questions about completing this form? Call the WorkLife Office at (650) 723-2660

Please make sure you **sign** the form and **enclose** all the items listed in Part Three.