

# POSTDOCTORAL SCHOLAR CHILD CARE REIMBURSEMENT FORM FOR UAW-REPRESENTED (PX) EMPLOYEES

UBEN 255 (R9/23) University of California Human Resources

Submit your completed form to your hiring department personnel office.

If you are a Postdoctoral Scholar represented by the United Auto Workers (UAW), use this form to request reimbursement of your eligible child care expenses under the PX Childcare Reimbursement Program. For details on eligibility, deadlines, and allowed reimbursement, see the *Postdoctoral (PX) Childcare Reimbursement Program*, at: <https://ucnet.universityofcalifornia.edu/forms/pdf/postdoctoral-scholars-child-care-reimbursement-factsheet.pdf>

## General Information

- Reimbursement requests for expenses must be submitted after the expenses are incurred.
- Reimbursement requests should be submitted via this form by the contractually specified deadlines which are based on the dates when the expenses were incurred.
- Payments under this program may be taxable as per Internal Revenue Service (IRS) regulations.

## PERSONAL INFORMATION

EMPLOYEE'S NAME (Last, First, Middle Initial)	EMPLOYEE ID NO.	CAMPUS
ADDRESS (Number, Street)	HIRING 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)				
(City, State, ZIP)				
2. NAME				\$
ADDRESS (Number, Street)				
(City, State, ZIP)				
3. NAME				\$
ADDRESS (Number, Street)				
(City, State, ZIP)				

**TOTAL AMOUNT TO BE REIMBURSED** ➡

**PROFESSIONAL TRAVEL CHILD CARE EXPENSE PROGRAM** - Please complete the following information if any part of the reimbursement amount shown above relates to childcare expenses incurred during professional travel as defined by Article 28 - Travel Reimbursement. Professional travel must have been pre-approved. Amount that the above reimbursement is connected to professional travel expenses \$ \_\_\_\_\_

## EMPLOYEE'S SIGNATURE

I certify that: 1) I have incurred these expenses and have not previously requested payment for them from any source including the UC Dependent Care Flexible Spending Account; 2) I have met all the requirements for dependent care expenses (including as required by 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
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FOR CAMPUS/LOCATION USE ONLY—The signature at right certifies that the form is complete, that the employee has/had an appropriate appointment as a Postdoctoral Scholar and that applicable documentation is attached.

SIGNATURE

HIRING DEPARTMENT OR OTHER CAMPUS DESIGNATED OFFICE AUTHORIZES PAYMENT TO THE EMPLOYEE AND INITIATES PAYMENTS FOLLOWING 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 official responsible for maintaining the information contained on this form is the Vice President—University of California Human Resources, 1111 Franklin Street, Oakland, CA 94607-5200.

### 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.