



Newfoundland and Labrador Teachers' Association Child/Dependent Care Expense Form

Claimant: _____

Address _____

(Street)

(Box Number)

(City)

(Postal Code)

Date of Meeting: _____

Type of Meeting: _____

Dependent(s)

Name

Amount Claimed: \$ _____

Hours Needed for Care (Must be Completed)

Date:	Morning	Total Hours _____
	From: _____ A.M. To: _____ A.M.	
	Afternoon	
Date:	From: _____ P.M. To: _____ P.M.	Total Hours _____
	Evening	
	From: _____ P.M. To: _____ P.M.	
Date:	Morning	Total Hours _____
	From: _____ A.M. To: _____ A.M.	
	Afternoon	
Date:	From: _____ P.M. To: _____ P.M.	Total Hours _____
	Evening	
	From: _____ P.M. To: _____ P.M.	
Date:	Morning	Total Hours _____
	From: _____ A.M. To: _____ A.M.	
	Afternoon	
Date:	From: _____ P.M. To: _____ P.M.	Total Hours _____
	Evening	
	From: _____ P.M. To: _____ P.M.	

Name of Sitter (Please PRINT): _____

Address of Sitter: _____ Sitter Tel: _____

Signature of Sitter: _____

Signature of NLTA Member: _____

The current expense for child care/dependent care is minimum wage per hour to a maximum of \$80⁰⁰ for a 24-hour period.

(See 2nd side for extra use)

Hours Needed for Care *(Must be Completed)*

Date:	Morning From: _____ A.M. To: _____ A.M.	Total Hours _____
	Afternoon From: _____ P.M. To: _____ P.M.	Total Hours _____
	Evening From: _____ P.M. To: _____ P.M.	Total Hours _____
Date:	Morning From: _____ A.M. To: _____ A.M.	Total Hours _____
	Afternoon From: _____ P.M. To: _____ P.M.	Total Hours _____
	Evening From: _____ P.M. To: _____ P.M.	Total Hours _____
Date:	Morning From: _____ A.M. To: _____ A.M.	Total Hours _____
	Afternoon From: _____ P.M. To: _____ P.M.	Total Hours _____
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Date:	Morning From: _____ A.M. To: _____ A.M.	Total Hours _____
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	Evening From: _____ P.M. To: _____ P.M.	Total Hours _____
Date:	Morning From: _____ A.M. To: _____ A.M.	Total Hours _____
	Afternoon From: _____ P.M. To: _____ P.M.	Total Hours _____
	Evening From: _____ P.M. To: _____ P.M.	Total Hours _____
Date:	Morning From: _____ A.M. To: _____ A.M.	Total Hours _____
	Afternoon From: _____ P.M. To: _____ P.M.	Total Hours _____
	Evening From: _____ P.M. To: _____ P.M.	Total Hours _____