ACADEMIC STUDENT EMPLOYEE (ASE) CHILD CARE REIMBURSEMENT
FOR UAW-REPRESENTED STUDENT EMPLOYEES
UBEN 254 (R1/11) University of California Human Resources

Submit your completed form to your hiring department personnel office.

If you are a UC academic student employee represented by the UAW, use this form to request reimbursement of your eligible child care expenses under the Academic Student Employee (ASE) Child Care reimbursement program. For eligibility, see the *Academic Student Employee Factsheet*, at atyourservice.ucop.edu/forms_pubs/index.html.

A qualified dependent is a non-school age (pre-kindergarten) child in the custody of an ASE. During the regular academic year, the reimbursement limit is $600 per quarter or $900 per semester. During a summer session(s), the limit is $600 irrespective of the number of summer sessions in which an ASE is employed.

A child care provider must have a valid tax identification or Social Security number.

Deadline

Reimbursement requests for expenses must be submitted after the expenses are incurred. Reimbursement requests should be submitted via this form based on campus specified deadlines but 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

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)			$	$
	☐ FALL SEMESTER ☐ SPRING SEMESTER ☐ SUMMER SESSION ☐ FALL QUARTER ☐ WINTER QUARTER ☐ SPRING QUARTER			
2. NAME ADDRESS (Number, Street) (City, State, ZIP)			$	$
	☐ FALL SEMESTER ☐ SPRING SEMESTER ☐ SUMMER SESSION ☐ FALL QUARTER ☐ WINTER QUARTER ☐ SPRING QUARTER			
3. NAME ADDRESS (Number, Street) (City, State, ZIP)			$	$
	☐ FALL SEMESTER ☐ SPRING SEMESTER ☐ SUMMER SESSION ☐ FALL QUARTER ☐ WINTER QUARTER ☐ SPRING QUARTER			
			TOTAL AMOUNT TO BE REIMBURSED ➤	

EMPLOYEE'S SIGNATURE

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 (must be an original; not a photocopy)	DATE

FOR CAMPUS/LOCATION USE ONLY—Hiring department personnel office signature at right certifies that the form is complete, that the employee has/had an appropriate appointment as an ASE and that applicable documentation is attached.	SIGNATURE	☐ HIRING DEPARTMENT PERSONNEL OFFICE AUTHORIZES PAYMENT TO ASE AND INITIATES PAYMENTS FOLLOWING CAMPUS GUIDELINES.

RETN: 5 years

SEE REVERSE FOR PRIVACY NOTIFICATIONS

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 1X, 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.