

UC Berkeley Child Care Reimbursement Program for GSRs

Program Overview

In 2013, the University implemented a system wide child care reimbursement program for eligible Graduate Student Researchers. Effective Fall 2018 the reimbursement amounts are a maximum of \$1,650 per semester for expenses incurred during the GSR's appointment period and within the regular academic terms (Fall and Spring semesters). In addition, effective Summer 2019 an eligible GSR can be reimbursed up to a total of \$1,100 for expenses incurred during summer session appointments. Under the current structure, the Graduate Division will bear the cost of the program. It is also the Graduate Division which processes claim forms and works with the student to resolve any disputes.

Eligibility

An eligible GSR is a registered student with at least a 25% GSR appointment for the duration of the semester. For the purposes of this program, qualified dependents are children in the custody of the GSR who are 12 years old or under as of July 1st for the following fiscal year which includes the current summer session and the new academic year. If a student's appointment is a combination of an ASE (GSI, Reader, Tutor) and GSR appointment and the combined appointment exceeds 25%, that student should request reimbursement for childcare expenses through the ASE Child Care Reimbursement Program. For details and claim forms see: <http://ucnet.universityofcalifornia.edu/forms/pdf/ase-child-care-reimbursement-program.pdf>.

Procedures for Processing Reimbursement Claim

Reimbursement requests for expenses must be submitted after the expenses are incurred. Eligible GSRs should submit the GSR Childcare Reimbursement Request form, with applicable child care provider receipt(s) showing payment attached, no later than the first day of the following term.

The claim form and instructions are available here: <http://grad.berkeley.edu/financial/families/>. The GSR will be required to certify on the reimbursement form that the expense is not being claimed under any other childcare benefit program offered by the university (e.g., the ASE Child Care Reimbursement and the ASE Dependent Care programs).

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.

NOTE: Two student parents may not each claim the credit for the same provider care for an eligible child unless the provider care exceeded the term dollar limit. The second student parent may claim the additional expense reimbursement.

Completed forms should be submitted to:
Graduate Division Budget Office
gradbus@berkeley.edu

GRADUATE STUDENT RESEARCHER (GSR) CHILDCARE REIMBURSEMENT

If you are a registered Graduate Student Researcher (GSR) with a 25% or more appointment for the duration of a semester or summer term, use this form to request reimbursement for eligible child care expenses for qualified dependents, defined as children in the custody of the GSR who are 12 years old or under as of July 1st for the following fiscal year.

Effective Fall 2018, the reimbursement limit is \$1,650 per semester. Effective Summer 2019, the reimbursement for summer session is \$1,100. Two student parents may not claim reimbursement for expenses from the same provider. In the event of a combined GSR and ASE (GSI, Tutor, Reader) appointment, the reimbursement should be claimed through the ASE Childcare Reimbursement Program (http://atyourservice.ucop.edu/forms_pubs/subject/ ase_child.html).

Eligible GSRs should submit the completed GSR Childcare Reimbursement Request Form, with applicable receipts showing payment for provider care attached, no later than the first day of the following term. Note that child care providers must have a valid tax identification or social security number.

Submit completed and signed form to Graduate Division Budget Office by email to gradbus@berkeley.edu.

PERSONAL INFORMATION				
GSR Name (Last, First, Middle Initial)	EMPLOYEE IDNO.	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)	<input type="checkbox"/> FALL SEMESTER <input type="checkbox"/> SPRING SEMESTER <input type="checkbox"/> SUMMER SESSION <input type="checkbox"/> FALL QUARTER <input type="checkbox"/> WINTER QUARTER <input type="checkbox"/> SPRING QUARTER			
(City, State, ZIP)				
2. NAME			\$	\$
ADDRESS (Number, Street)	<input type="checkbox"/> FALL SEMESTER <input type="checkbox"/> SPRING SEMESTER <input type="checkbox"/> SUMMER SESSION <input type="checkbox"/> FALL QUARTER <input type="checkbox"/> WINTER QUARTER <input type="checkbox"/> SPRING QUARTER			
(City, State, ZIP)				
3. NAME			\$	\$
ADDRESS (Number, Street)	<input type="checkbox"/> FALL SEMESTER <input type="checkbox"/> SPRING SEMESTER <input type="checkbox"/> SUMMER SESSION <input type="checkbox"/> FALL QUARTER <input type="checkbox"/> WINTER QUARTER <input type="checkbox"/> SPRING QUARTER			
(City, State, ZIP)				
TOTAL AMOUNT TO BE REIMBURSED ➡				

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, I certify that the above information is true to the best of my knowledge.

Signature of GSR: _____ **Date:** _____

For Graduate Division use: Signature below certifies that form is complete and GSR is eligible for reimbursement.

Staff name and Signature: _____ Date: _____

For CSS use: COA 1 - 50200 - 20078 - 25965 - 40 - OLBGSR

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.