Loyola University Maryland
2012 - 2013 Employee Child Care Voucher Program
(July 1, 2012 through June 30, 2013)

Application Form

(Please print or type)

Employee's Name _____ Loyola ID#: _____
(Last, First, MI)

Department _____ Work Ext. _____

Home Address _____

Home Phone _____

To qualify for this program, you must be a benefits eligible employee and your spouse (if applicable) must be working, disabled or enrolled in school full-time. Please provide the following spousal information (married employees must provide this information):

Spouse's Name: _____

Spouse is a: ☐ Full Time Employee ☐ Part Time Employee ☐ Student ☐ Disabled (check all that apply)

Name of Employer/School: _____

Address of Employer/School_____
(Street, City, State, Zip)

NOTICE: Dependent care benefits received in excess of $5,000 per year, per family, are considered taxable income by the IRS. These benefits include a combination of vouchers received and use of the dependent care flexible spending account. Please consult with your professional tax advisor to discuss your tax liabilities.

By signing this form, I agree to the following:

1. I give the Human Resources Department permission to confirm any information reported on this form.
2. I give the Loyola payroll office permission to recover any over payments through payroll deduction.
3. It is my responsibility to immediately report any changes regarding relevant family status, employment status, address, and/or child care selection.
4. It is my responsibility to submit a complete application, copy of the providers' license, copy of Form 1040 and the monthly reimbursement forms to the Human Resources Department in a timely manner.
5. Providing false information on the application or any reimbursement forms or false child care provider license documentation will result in my permanent disqualification from the program.
6. I understand that changes in the amount of the voucher awards may be made by the University from fiscal year to fiscal year.
7. I understand that the selection of a child care provider is my exclusive responsibility.

Signature_____ Date _____

Attach documentation of each child care provider's license for each child care facility used. A change in child care providers will require new license documentation. A copy of your Form 1040 must also be attached.