Loyola University Maryland 2014 - 2015 Employee Child Care Voucher Program (July 1, 2014 through June 30, 2015)

Application Form

(Please print or type)

| Employ | yee's Name (Last, First, MI) | Loyola ID#: |
|----------------------------|---|--|
| Depart | | Work Ext |
| Home A | Address | |
| Home I | Phone | |
| must b | alify for this program, you must be a benefits be working, disabled or enrolled in school full ation (married employees must provide this i | • |
| Spouse | e's Name: | |
| Spouse | e is a: □ Full Time Employee □ Part Time En | nployee □ Student □ Disabled (check all that apply) |
| Name | of Employer/School: | |
| NOTIC taxable | e income by the IRS. These benefits include | ss of \$5,000 per year, per family, are considered a combination of vouchers received and use of the consult with your professional tax advisor to discuss |
| 1. 2. 3. 4. 5. | I give the Loyola payroll office permission to recell tis my responsibility to immediately report any status, address, and/or child care selection. It is my responsibility to submit a complete appliand the monthly reimbursement forms to the Hu Providing false information on the application or license documentation will result in my permaner. | voucher awards may be made by the University from |
| Signatu | ure | 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.