



2021 SUMMER CHILDCARE REIMBURSEMENT APPLICATION

Sponsored by the County of San Luis Obispo

Instructions: Please complete an application for each eligible child. List your child's name, birth date and age of your dependent child receiving childcare paid by you and for whom you are requesting reimbursement. Refer to the 2021 Summer Childcare Reimbursement for eligibility guidelines. **Please include a copy of your most recent Federal Tax Return and W2.**

All materials will be kept strictly confidential.

Employee Name: _____

Mailing Address: _____

Social Security #: _____ Bargaining Unit: _____

Department: _____ Job Title: _____

Work Phone: _____ Personal Phone: _____

Work Email: _____ Personal Email: _____

Child Name: _____

Child Age: _____ Date of Birth: _____

Childcare Provider: _____

Number of Weeks Reimbursement Requested: _____ Cost per week: _____

PLEASE NOTE: All reimbursements and other employer provided dependent assistance are reported by the County to the Internal Revenue Service (IRS).