

## 2024 APPLICATION FOR CHILD CARE SUBSIDY PAYMENT FORM FOR RESEARCH ASSOCIATE B/RESEARCH FELLOW EMPLOYEES

### 1. EMPLOYEE:

Please complete this section and sign Section 2.

Name: \_\_\_\_\_ Dartmouth ID: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age of Child(ren): \_\_\_\_\_

### 2. EMPLOYEE:

Please review the information below and certify your understanding by signing and dating.

By signing below, I affirm the following:

- I am a current Research Associate B or Research Fellow employee of Dartmouth.
- I have a child who is under the age of six (6) years of age as of January 1, 2024, or after.
- I certify that I have child care expenses equal to or greater than the amount of benefit for which I am eligible to receive.
- I understand that if my spouse is also a Dartmouth employee that only one of us may receive a Child Care Subsidy, and I acknowledge that my spouse is not also claiming a Dartmouth Child Care Subsidy.
- I understand that this payment is taxable, and I will be paying applicable taxes on this payment at the time it is issued in my paycheck.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HUMAN RESOURCES BENEFITS

Form Received on \_\_\_\_\_

Eligible child(ren) in FlexOnline? Eligible Benefit Amount: \$ \_\_\_\_\_

HRMS Entry (Date: \_\_\_\_\_)

HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Updated 1/19/2024

### COMMENTS:

**Return form to [Human.Resources.Benefits@dartmouth.edu](mailto:Human.Resources.Benefits@dartmouth.edu) by April 1 to receive both June 1 and December 1 payments (if hired on/after April 1, submit form by Oct. 1 to receive December payment)**