

UC San Diego

2017-2018 Dependent Care Travel Grant Application

Application Date:	Travel Quarter:	Projected Travel Dates:	
Faculty Information:			
Last Name:	First Name:	MI:	
Employee ID Number:	Title:		
Department:	Daytime Telephone:		
Email address:			
Dept. Financial Contact Name:		Contact Email and Phone Extension	

Purpose of Travel:	
Description of purpose of travel:	
Date(s) of professional activities:	Location:
Role in activities: (presentation, panel organizer, researcher, etc.): * In the case of conference proceedings, a copy of the acceptance of the paper or a copy of the program must be included.	
Anticipated impact of scholarly work:	

Dependent Information (Please attach additional names and information if applicable):	
Last Name	First Name
<p>Dependent Status:</p> <p>a healthy child (≤ 12 years) who resides with the applicant and for whom the applicant is a primary caregiver; or</p> <p>a child/adolescent (≤ 18 years) who is physically or mentally disabled, requires assistance with daily activities, resides with the applicant, and for whom the applicant is a primary caregiver; or</p> <p>a disabled adult/elder (child, spouse, parent, parent-in-law or grandparent) who spends at least eight hours every day in the applicant's home and for whom the applicant has caregiving responsibility.</p>	
Relationship to applicant:	<p>Traveling with Applicant?</p> <p style="text-align: center;">Yes No</p>
Last Name	First Name
<p>Dependent Status:</p> <p>a healthy child (≤ 12 years) who resides with the applicant and for whom the applicant is a primary caregiver; or</p> <p>a child/adolescent (≤ 18 years) who is physically or mentally disabled, requires assistance with daily activities, resides with the applicant, and for whom the applicant is a primary caregiver; or</p>	

a disabled adult/elder (child, spouse, parent, parent-in-law or grandparent) who spends at least eight hours every day in the applicant's home and for whom the applicant has caregiving responsibility.

Relationship to applicant:

Traveling with Applicant?

Yes

No

Reason for needing dependent care during trip (single parent, so child must also travel; spouse/partner not available for non traditional care hours; nursing infant, etc.)

Please estimate expected dependent care expenses below.

Expense Information			
	Description of Expense (w/per diems, rates, etc)	Paid to:	Total Amount
1.			
2.			
3.			
4.			
5.			
6.			
Total:			

CERTIFICATION OF APPROVED LEAVE STATUS, IF APPLICABLE, AND EXPECTED EXPENSE:

I certify that if my planned trip requires a leave request, I have secured approval from appropriate campus administrators for my absence from campus.

I certify that the estimated expenses listed above are necessary to care for my dependent during travel to engage in research or scholarly work. I acknowledge that any funding approved via DCTG is taxable income meant to offset eligible dependent care travel expenses.

If this box is checked, I authorize my email header accompanying this application to serve as my signature and date of application. If not, I will send a signed copy.

Applicant Signature

Date

Submit signed form via email to Heather Fowler Zion at hzion@ucsd.edu or via intercampus mail at:

**Heather Fowler Zion, Academic Family Programs Liaison
Academic Personnel Services, 302 University Center, Mail Code 0065**

OUTCOME: Per review by the Associate Vice Chancellor of Academic Personnel

Request Approved

Request Declined, Funding Not Available

Request Declined: _____

Request Modified: _____

Certification of Completed Travel and Expenses Incurred:

For approved requests, within 30 days of return from travel, please review your budgeted requests and confirm eligible dependent care expenses were incurred. Travel expenses not certified within 45 days can result in forfeited grants. Receipts should not be provided but must be available upon request.

I certify that I incurred expenses for dependent care during my travel as specified in my approved application.

If this box is checked, I authorize my email header accompanying this application to serve as my certification signature and date.

Applicant Signature

Date