

SOM Dependent Care Travel Expenses Policy

Overview

The Dependent Care Travel Expenses policy is designed to support travelers facing exceptional dependent care giving responsibilities that would otherwise prevent their participation in a conference or meeting while on travel status. This policy is intended to address circumstances where typical dependent care arrangements cannot be reasonably made. Parents should take primary responsibility for managing their dependent care needs, and support from the department should only be sought when no viable alternative exists. Department funds may be used to cover:

- 1) Travel expenses for a traveler's dependent(s);
- 2) Travel expenses for a family member or caregiver to travel with the traveler to care for the dependent(s) while the traveler attends the professional conference/meeting;
- 3) Dependent care at home that the traveler would typically provide.

Who qualifies as a dependent in this program?

- 1) A child under the age of 18 or a physically/mentally disabled child of any age who is unable to care for themselves, who resides with the traveler, and for whom the traveler provides primary support; or
- 2) A disabled adult/elder (spouse, parent, parent-in-law, or grandparent) who spends at least eight hours per day in the traveler's home and for whom the traveler is responsible.

What kind of dependent care is covered?

Department funds may be used for expenses related to dependent care, whether at home or the meeting, for example:

- The dependent remains at home: Department funds may cover additional (i.e., incremental) dependent care when the traveler is away. This does not include usual or everyday care expenses.
- The dependent travels to the professional conference/meeting site: Department funds may be used to cover travel and/or on-site care for the dependent at the professional conference/meeting. Department funds may also cover transportation for an additional caregiver to the conference/meeting.

Examples of allowable expenses include:

- Travel expenses for the dependent(s) and, when necessary, caregiver to the professional conference/meeting, e.g., airfare, ground transportation, lodging.
- Supplemental dependent care incurred in the home setting (only what exceeds usual expenses) while the traveler is attending a meeting/conference.
- On-site care giving services at the meeting/conference for dependents who cannot be cared for at home (only what exceeds usual expenses).
- Expenses for national delivery services that support lactation.

Examples of unallowable expenses include:

- Support for dependents to go with the traveler unless based upon a documented dependent(s) care need.
- Costs for extended hotel days beyond conference dates.
- Traveler expenses associated with the professional conference/meeting. These expenses are considered separately and are reimbursable in accordance with G-28.
- Food/meals are not allowed for the dependent or dependent caregiver because these are considered "typical" expenses that would be incurred even if the traveler did not travel.
- Dependent care expenses that are typically incurred when the traveler is not traveling to a professional conference/meeting. For example, department funds cannot be used for daycare, school expenses, or after-school care expenses if these expenses are generally incurred, regardless of the traveler's travel.

PLEASE NOTE

- The dependent care expenses are considered taxable income under federal tax law.
- The traveler must provide original receipts to receive payment.
- The traveler must certify that the requested funds for dependent care represent additional expenses due to the traveler's professional travel and are above and beyond the typical dependent care expenses (e.g., daycare or home nursing costs).
- The amount of payment will not exceed the approved costs. Any change to the approved costs should be submitted in advance for review and approval.
- More information is available on the [Supply Chain Management website](#).

This form and documentation of expenses must be submitted for PRE-APPROVAL signature before you incur any expenses and before you travel. After the fact approval will not be given under any circumstances.

Travel-Related Dependent Care SOM Pre-Approval Form

Personal Information

- 1. Full Name: Lauren Weiss
- 2. Email Address: lauren.weiss@ucsf.edu
- 3. Department: Inst Hum Genet/DPBS Chartstring

Travel Details

- 4. Purpose of Travel & Destination: ASHG conference in Denver CO
- 5. Authorized Departure & Return Date (actual dates attending the conference):
 - o From 11/6/24 to 11/10/24
- 6. Will you be extending your trip for personal time off?
 - o Yes - From _____ to _____ No

Dependent Care

- 7. Please provide details on why you need dependent care while on travel status:
 - o I am a sole parent of a 5yo, with no local extended family.
- 8. Why can't the spouse/ child(ren's) other parent take care of the child(ren) at home?
 - o No other parent or spouse.
- 9. Details of dependent(s) (Age, Relationship):

1. <u>son 5yo</u>	3. _____
2. _____	4. _____
- 10. Are you currently or will you be on FMLA status when you travel?
 - o no
- 11. Have you been denied travel awards in the past?
 - o no
- 12. If nursing is the reason for wanting childcare support would you prefer to FedEx pumped milk each night overnight throughout your trip?
 - o Yes No N/A

Travel Companions

- 13. Will anyone else (other than a work colleague) be traveling with you?
 - o Yes No
- 14. If yes, please provide the details of the travel companion(s):

1. Name: _____	Relationship: _____
2. Name: _____	Relationship: _____

Childcare Expenses

15. What childcare expenses are you expecting to claim? Please add additional pages if necessary.
- | | | | |
|--------------------------------|---------|------|------------------|
| <u>flights between SFO/DEN</u> | Approx. | Cost | <u>320</u> |
| <u>onsite childcare</u> | Approx. | Cost | <u>300</u> |
| _____ | Approx. | Cost | _____ |
| _____ | Approx. | Cost | _____ |
| Total | | | <u>\$ 620.00</u> |

Lauren A. Weiss

Digitally signed by Lauren A. Weiss
Date: 2024.12.03 13:31:37 -08'00'

maribeth.rupe
rto@ucsf.edu

Digitally signed by maribeth.rupe
Date: 2025.01.07 09:04:11 -08'00'

Approval Date

01/07/2025

Traveler Acknowledgment Signature

Department Acknowledgment Signature

SOM Dean's Pre-Approval Signature

Please send this form to either Simon.Schuster@ucsf.edu or Michael.DaLuz@ucsf.edu for the last **PRE-APPROVAL signature before you incur any expenses**. ATF approval will **not** be given under any circumstances.

After your trip please attach this completed form and receipts to your MyExpense report. Add Simon Schuster as the final approver.