

Application for funding of flexible care costs

Employees of the University of Siegen can apply for a subsidy for flexible care costs if they need additional care for their children or their dependents in need of care in connection with their employment.

1. Details of the applicant

Last name, first name	
Institute/Department	
Function	
Affiliation	<input type="checkbox"/> Technology and Administration <input type="checkbox"/> Science: Collaboration in a funded third-party project? If yes, please indicate project name and function:
Telephone number	
Email	

2. Eligibility requirements

☐ Advanced training or continuing education

Advanced training information:

Title	
Date/period	
Provider	
City	
The advanced training has already been approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
The following evidence is enclosed with the application	<i>(e.g. certificate of registration/proof of participation)</i>

☐ Business trip/meeting/congress

Details of the business trip/meeting/congress:

Reason for business trip	
Date/period	
Provider	
City	
Childcare is provided by the organizer	<input type="checkbox"/> Yes (please give reasons if this is not used) <input type="checkbox"/> No
The following evidence is enclosed with the application	<i>(e.g. business trip approval)</i>

☐ Official overtime (**only for employees in technology and administration**)

Details of project work/ extra work required for official purposes

Reason	
Date/period	
Provider	
Signature of superior as evidence	

3. Details of child(ren) or dependent(s) in need of care

	Child/dependent* to be cared for	Additional child	Additional child
Last name, first name			
Date of birth			
Attached evidence	<input type="checkbox"/> Copy of birth certificate <input type="checkbox"/> Medical certificate of need for care	<input type="checkbox"/> Copy of birth certificate <input type="checkbox"/> Medical certificate of need for care	<input type="checkbox"/> Copy of birth certificate <input type="checkbox"/> Medical certificate of need for care

4. Information on the care situation

	Child/dependent* to be cared for	Additional child	Additional child
Last name, first name			
Care is provided by (name & function)			
Regular hours of care			
Planned care period (date + time)			
Cost/hour for planned care			
Requested funds			
Other comments on the planned care			

5. Account details and further information

Account holder	
IBAN	
BIC	
Private address	
Date of birth Subsidy recipient	
Tax-ID and responsible tax office	

Note: Please state current salary account.

6. Confirmation

I hereby confirm that care for the child/children or dependent relative(s) cannot be provided by relatives.

I have been informed that employer subsidies for (child) care are tax-free up to €600.00/year if the care takes place in my own household. All employer subsidies for (child) care above this amount are considered a non-cash benefit and must be claimed for tax purposes (§3 No. 34a EStG).

In order to comply with the statutory tax and reporting obligations, the caregiver must be registered as a mini-jobber with the "Minijobzentrale". Or the caregiver has registered as self-employed.

I hereby certify that all information provided is complete and true.

Date

Signature

7. Confirmation by Parent and Family Services

Parent and Family Services hereby confirms that the information provided has been verified and that appropriate evidence has been submitted, thereby confirming that the eligibility requirements have been met.

Amount of subsidy: _____

Date

Signature