

Oregon State University Care.com Subsidy Request Form

Please complete the form below to request reimbursement for a one year Care.com membership.

First Name:

Last Name:

OSU ID Number:

Reason for Subsidy Request:

I am requesting the Care.com subsidy for an elder or child care reason.

I have used the free Care.com platform and now need a premium membership.

Acknowledgment:

I have attached my confirmation of payment for a one year Care.com membership in the amount of \$156

I understand that this is a one-time subsidy and reimbursement will be provided through the OSU payroll process, subject to applicable deadlines, taxes, and procedures.

Signature:

Date:

