

9.22 Reimbursement of Additional Care Costs

This policy is about the reimbursement of reasonable additional care costs for dependants incurred when you are required by your Department to attend work outside your normal working pattern.

- These provisions apply to work outside your normal work patterns, details of eligibility are given within Section 2 Eligibility
- In the case of childcare, reimbursement only applies to formal childcare arrangements – Section 2.5 Eligibility
- Details of the eligibility criteria and claim process for childcare are provided in Section 3 Additional Care for Children
- Details of the eligibility criteria and claim process for elderly, disabled or ill dependants are given in Section 4 Additional Care for Elderly, Disabled or Ill Dependants

You may also be interested in the following policies:

3.08 Special leave, 6.07 Equal Opportunities

This policy is version 3.0.

For a printable version please click the icon. Please make sure that your printed version is current with the one on this portal.

This homepage is only a guide to the policy, not the policy itself. In the event of any discrepancy between the content of this homepage and the associated policy, the wording of the policy shall apply.

9.22 Reimbursement of Additional Care Costs

CONTENTS

1 Introduction	3
2 Eligibility	3
3 Additional Care for Children	4
4 Additional Care for Elderly, Disabled or Ill Dependants	4
ANNEX 1	5
ANNEX 2	8

9.22 Reimbursement of Additional Care Costs

1 Introduction

This section provides details of the arrangements under which you may claim reimbursement for reasonable additional care costs incurred when required by your Department to attend work outside your normal working pattern. These arrangements cover not only additional childcare costs, but also costs incurred for the care of elderly, disabled or ill dependants.

2 Eligibility

2.1 Where you are required by your Department to attend work outside your normal working pattern, your Department will reimburse any reasonable and unavoidable additional expenses incurred in having your children or elderly, disabled or ill dependants cared for.

2.2 Expenses claimed must relate only to care which would otherwise have been provided by you yourself if you had not been required to attend work outside your normal working pattern.

2.3 For the purposes of these provisions, 'outside your normal work pattern' means an absence from home that is longer than your daily conditioned hours plus normal daily travelling time (this does not include paid overtime) or, if you are part-time, working additional hours or on an additional day or days at the request of management. The additional hours worked must be unavoidable, as opposed to optional, and can, for example, include attendance at training courses (full-day or residential), late or early working and essential temporary detached duty. These provisions do not apply where regular early or late working is a feature of your work pattern.

2.4 The arrangements set out in this section apply irrespective of whether payment or time off in lieu is taken for the additional hours worked.

2.5 Informal, ad hoc arrangements with family and friends do not qualify for reimbursement, however, in the case of childcare, an exception will be made for family members or friends who are registered childminders. In addition, where an informal childcare provider does not have their own transport and is required to collect your child from school, receipted taxi fares may be reimbursed.

2.6 Expenses reimbursed will cover the cost of care only. Other expenses for food, entertainment or incidentals are the responsibility of you yourself or your dependant.

2.7 Reimbursed additional care expenses are earnings for income tax and National Insurance purposes. However, arrangements have been made for them to be grossed up for the tax liability. The effect of this will be that you will not pay tax on such payments.

3 Additional Care for Children

3.1 Additional care expenses can be claimed for a child or children under the age of 15 (under the age of 16 if the child is disabled) who live in your household and for whom you, or your partner, is in receipt of Child Benefit.

3.2 You can claim the additional cost of any registered childcare incurred as a result of the circumstances described in paragraph 2.1. A registered child minder, nursery or childcare scheme is one that is registered with a Health and Social Services Trust.

3.3 You should complete the application form at Annex 1, which should then be endorsed by your line manager (at Staff Officer level or above) and submitted along with a supporting receipt or signed letter from the carer to your Departmental/Agency Personnel Branch.

4 Additional Care for Elderly, Disabled or Ill Dependants

4.1 Where you provide care for an elderly, disabled or ill dependant, you can claim reimbursement of any reasonable and unavoidable costs incurred in providing additional professional care provided these costs are incurred as a result of the circumstances described in paragraph 2.1.

4.2 A dependant can be your husband, wife, child or parent. It also includes someone who lives in the same household as you. For example, it could be a partner, an elderly aunt or grandparent who lives in the same household. It does not include tenants or boarders living in your family home, or someone who lives in the household as an employee, such as a housekeeper.

4.3 You should complete the application form at Annex 2, which should then be endorsed by your line manager (at Staff Officer level or above) and submitted along with a supporting receipt or signed letter from the carer to your Departmental/Agency Personnel Branch.

REIMBURSEMENT OF ADDITIONAL CARE COSTS

ANNEX 1

APPLICATION FOR REIMBURSEMENT OF ADDITIONAL CARE COSTS - CHILDCARE

PART A - To be completed by the Claimant

1. Full Name:	7. Additional Care Provider's Name, Address and Telephone Number*:
2. Grade:	
3. Payroll Number:	
4. Branch:	
5. Office Address and Telephone Number:	8. In accordance with the provisions for claiming reimbursement of Additional Care Costs, the Care Provider must be registered with a Health and Social Services (H&SS) Trust. Please provide the following details: a. Name of H&SS Trust: b. Registration Number:
6. Number and Ages of Children for whom you are claiming Additional Care Costs:	

* Departments may carry out random checks; these may involve contacting the Care Provider and/or the local H&SS Trust.

REIMBURSEMENT OF ADDITIONAL CARE COSTS

ANNEX 1 (Cont'd)

Details of Additional Care Costs Incurred (*All claims must be supported by a receipt or a signed letter from the carer*)

Date(s)	Reason for attendance at work outside normal working pattern	Start time of additional care	Finish time of additional care	Hourly rate of care (£)	Cost (£)
Amount claimed for taxi fares					
Total amount claimed					

Declaration by Claimant

I wish to apply for reimbursement of £..... additional care costs as detailed above.

I declare that:

- I am (or my partner is) in receipt of Child Benefit for the children named overleaf and they live in my household;

REIMBURSEMENT OF ADDITIONAL CARE COSTS

ANNEX 1 (Cont'd)

- the expenses claimed have been actually and necessarily incurred by me, and paid to the Care Provider named at 7 above, as a direct result of being required by management to attend work outside my normal working pattern; and
- I would otherwise have provided the care for which I am claiming reimbursement.

Signed: Date:

PART B - To be completed by Line Manager (Staff Officer or above)

I confirm that, to the best of my knowledge and belief, the facts given in this application are correct, and that the additional expenses were incurred as a direct result of the officer being required by management to fulfil official duties outside their normal working pattern.

Signed: Grade:

Date:

For Personnel Branch Use

Amount Due (£)	Payroll Notified	HRMS Noted	Checked By
	Name	Name	Name
	Grade	Grade	Grade
	Date	Date	Date

REIMBURSEMENT OF ADDITIONAL CARE COSTS

ANNEX 2

APPLICATION FOR REIMBURSEMENT OF ADDITIONAL CARE COSTS - ELDERLY, DISABLED OR ILL DEPENDANTS

PART A - To be completed by the Claimant

1. Full Name:	6. Name and Address of Dependant for whom you are claiming Additional Care Costs:
2. Grade:	
3. Payroll Number:	
4. Branch:	7. Relationship of Dependant to Claimant:
5. Office Address and Telephone Number:	8. Additional Care Provider's Name, Address and Telephone Number*:

* Departments may carry out random checks; these may involve contacting the Care Provider.

REIMBURSEMENT OF ADDITIONAL CARE COSTS

ANNEX 2 (Cont'd)

Details of Additional Care (All claims must be supported by a receipt or a signed letter from the carer)

Date(s)	Reason for attendance at work outside normal working pattern	Start time of additional care	Finish time of additional care	Hourly rate of care (£)	Cost (£)
Total amount claimed					

Declaration by Claimant

I wish to apply for reimbursement of £..... additional care costs as detailed above.

I declare that the expenses claimed have been actually and necessarily incurred, and paid to the Care Provider named at 8 above, as a direct result of me being required by management to attend work outside my normal working pattern, and that I would otherwise have provided the care for which reimbursement is being claimed.

Signed: Date:

REIMBURSEMENT OF ADDITIONAL CARE COSTS

ANNEX 2 (Cont'd)

PART B - To be completed by Line Manager (Staff Officer or above)

I confirm that, to the best of my knowledge and belief, the facts given in this application are correct, and that the additional expenses were incurred as a direct result of the officer being required by management to fulfil official duties outside their normal working pattern.

Signed: Grade:

Date:

For Personnel Branch Use

Amount Due (£)	Payroll Notified	HRMS Noted	Checked By
	Name: Grade: Date:	Name: Grade: Date:	Name: Grade: Date: