

APPLICATION TO EXCEED DEPENDENT CARE MAXIMUMS FOR DEPENDENT WITH SPECIAL NEEDS

Please complete the form below and e-mail to btaillefer@etfo.org or fax to 416-642-2418.

ETFO ACTIVITY TITLE	
DATE:	LOCATION:

CONTACT INFORMATION		
NAME: _____	ETFO MEMBER ID #: _____	
LOCAL: _____	FEMALE	MALE
TEACHER OT ESP PSP DECE		
ADDRESS: _____	CITY	POSTAL CODE
HOME PHONE: _____	CELL PHONE: _____	
EMAIL: _____		
Special Needs of Dependent:		
Nature and estimated cost of additional expenses in order to attend an ETFO event:		

FOR PROVINCIAL OFFICE USE ONLY	
Permission has been granted for _____ to claim up to \$ _____ per day while attending ETFO event.	
The permission is valid until _____.	
AUTHORIZED BY: _____	DATE: _____
(General Secretary or Deputy General Secretary)	



Elementary Teachers' Federation of Ontario
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