



# PROVIDER SIGNATURE FORM 2019 – 2020

## for Employees with MONTHLY and BI-WEEKLY PAYCHECKS

**WHAT TO DO:**

1. Pay for your child care.
2. Have each child care provider fill out **their** section of this Provider Signature Form and sign it (make copies if you need them for additional providers). **You** fill out the employee section in full on each form and sign it. **Unsigned forms will be returned.**
3. If you have a contract with your center/provider and you pay the same fee each period for the whole fiscal year, just circle all months and have this Provider Signature Form signed once.
4. **Login to PEOPLESOFT** (through HARVie) with your HarvardKey. Select the “My Benefits” tile and click on the “Child Care Scholarship” menu. Click on the “Claim Form”. Enter the information from all Provider Signature Forms into the **online claim form** adding lines as needed. Submit claims online by each deadline to get payments 2 times per year; OR submit all costs by the final deadline to receive one payment for the year.  
Enter your online claim once for the whole fiscal year if you have a contract (July 1, 2019 – June 30, 2020).
5. **Please keep Provider Signature Forms for your records.** We may request them from you if we need clarification or for internal controls; otherwise, please do not send them.

***The absolute DEADLINE for submitting your online claims is Tuesday May 12, 2020. Unclaimed funds are forfeited.***

Claim Form DEADLINES	Paycheck Date for BI-WEEKLY payroll	Paycheck Date for MONTHLY Payroll
November 12, 2019	December 6, 2019*	December 23, 2019*
March 10, 2020	-	March 31, 2020 (ACCESS program ONLY)
May 12, 2020	June 19, 2020**	June 30, 2020**
<b>NOTE: Taxes will be deducted (at supplemental tax rate of approx 40%).</b>		
* A maximum of 1/2 of your award. ** Remainder of award or maximum of expenses (whichever is smaller).		

SCHOLARSHIP RECIPIENT – Complete this section	
Harvard Employee Name: _____	Harvard ID: _____
First names of your child(ren) in care of this provider: _____	
Care for the months of (circle):      2019: JUL AUG SEP OCT NOV DEC      2020: JAN FEB MAR APR MAY JUN	
Monthly Rate: \$ _____	OR      Weekly Rate: \$ _____ # of weeks: _____
OR other periods of time and amounts: _____	
Total paid to this provider for period shown above: \$ _____	
I affirm that this care enabled me to be at work. I certify that all statements and documentation relating to this claim are accurate and complete. I understand that the submission of inaccurate information may be reviewed under Harvard’s Fraud Policy and may lead to a requirement that I repay to Harvard University any funds received and/or may result in disciplinary action up to and including termination. ( <a href="http://policies.fad.harvard.edu/files/fad_policies/files/fraud_policy_download.pdf">http://policies.fad.harvard.edu/files/fad_policies/files/fraud_policy_download.pdf</a> )	
<b>Employee Signature:</b> _____	Date: _____
CHILD CARE PROVIDER – Complete this section	
Childcare Provider Name: _____	Phone Number: (____) _____-____
Street Address: _____	Center License # or Tax ID # _____
City, State, Zip: _____	OR      babysitter: I am      YES      NO (circle one) legally able to work in the US
I hereby certify that I have provided (or will provide) care for the child(ren) and time periods listed above. I also certify that I have been paid (or will be paid before June 30, 2019) the total amount indicated above.	
<b>Child Care Provider Signature:</b> _____	Date: _____