



# PROVIDER SIGNATURE FORM 2023 – 2023

## for Employees with WEEKLY PAYCHECKS

**INSTRUCTIONS:**

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. **Log in to PEOPLESOFT** (through HARVie) with your HarvardKey. Select the "My Self Service" > "My Benefits" > "Child Care Scholarship" tiles, and then select the "Child Care Scholarship Claim" option. 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 up to 4 times per year; enter your online claim once for the whole fiscal year if you have a contract (July 1, 2023 – June 30, 2024).
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 14, 2024. Unclaimed funds are forfeited.**

Claim Form DEADLINES	Paycheck Date for WEEKLY payroll
October 10, 2023	October 20, 2023*
November 28, 2023	December 15, 2023*
March 5, 2024	March 22, 2024*
May 14, 2024	June 14, 2024**
<b>NOTE: Taxes will be deducted (at supplemental tax rate of approx 40%).</b> <small>* A maximum of 1/4 of your award. ** Remainder of award or maximum of expenses (whichever is smaller).</small>	

**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 (check): All Year 2023: JUL AUG SEP OCT NOV DEC 2024: JAN FEB MAR APR MAY JUN

Regular Rate per period: Week \$: \_\_\_\_\_ OR Month \$: \_\_\_\_\_ # weeks/months: \_\_\_\_\_

OR other periods of time and amounts: \_\_\_\_\_

Total paid (or due to be 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.  
([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))

**Employee Signature & Date:** \_\_\_\_\_

**CHILD CARE PROVIDER – Complete this section:**

Center OR Childcare Provider Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Center License # or Tax ID # \_\_\_\_\_

**OR In-home provider: "I affirm that I am 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, 2024) the total amount indicated above.

**Child Care Provider Signature & Date:** \_\_\_\_\_