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3. How will you ensure other women are able to share this experience?

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**FAMILY CARE**

To improve access to training for members with family care responsibilities, the PSAC has a Family Care Allowance Policy. Reimbursement will be made for family care claims only if the claim is accompanied by an original receipt. Please contact your Regional Office for more information or view our website.

**SIGNATURE:** \_\_\_\_\_

(Signature of applicant)

(Date of application)

If you have any questions please call the REVP's Office at 204-956-4625. You can fax your application to 204-943-0652 or email it to [benisonr@psac.com](mailto:benisonr@psac.com).

Please return the completed application by April 4, 2011