

Compensation for Time Conducting Association Business Form

Name: _____ Phone: _____

Occupational Classification: _____

Address: _____

Personal Email Address: _____

According to the policy "Compensation for Time Conducting Association Business" (Policy # 89EXE24), the following positions are eligible for compensation (time-off/monetary) for conducting Association Business when not scheduled to work and unable to utilize salary replacement: Executive Council Directors, Table Officers (excluding President), Members appointed to affiliate committees (MFL, NUPGE, Labour Councils etc.), and Bargaining Committee members.

Have you submitted your banking information to MAHCP payroll?

If you haven't, please fill out Appendix A (page 3).

Date	Event/Meeting Attended	Time Spent Conducting Association Business	Requesting Monetary Payment (see chart on pg 2)	For Accounting Use Only
Total				

If requesting time off please indicate dates for union leave to your employer. All union leave is subject to your collective agreement language.

Date	Time	# Hours Carried from Previous Request	# of Hours	# of Hours Remaining

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Monetary compensation is based on the time spent conducting Association business (see chart below). You must complete and submit Appendix A as this compensation is deemed income by CRA standards and is subject to all applicable payroll deductions. Failure to submit Appendix A will result in your expense claim not being processed. Each meeting/event is treated separately and cannot be added together.

Time	Eligible Payment
Under 1 hour	\$0
Over 1 hr to 2 hrs	\$30
Over 2 hrs to 3 hrs	\$60
Over 3 hrs to 4 hrs	\$90
Over 4 hrs to 5 hrs	\$120

Time	Eligible Payment
Over 5 hrs to 6 hrs	\$150
Over 6 hrs to 7 hrs	\$180
Over 7 hrs to 8 hrs	\$210
8 hours or more	\$240

You may be asked to verify your attendance and/or if you were on a scheduled day off; failure to submit proof will result in your request being denied.

I hereby certify that I did not receive salary replacement (union leave) while travelling for the above event/meeting on behalf of the Association and therefore I am requesting the compensation as noted above.

Member's Signature: _____ Date: _____

Please submit your completed form electronically to teresa@mahcp.ca for processing.

Office Use Only

Approved Denied

President or Designate: _____ Date: _____

Appendix A Payroll Information Form

Name (with initial): _____ Phone Number: _____

Home Mailing Address: _____

Personal Email Address: _____

Please submit your completed form electronically to teresa@mahcp.ca for processing.

Once your information has been added to our payroll system (Payworks), you will receive an email with login instructions. **To protect access and storage of your data, it is your responsibility to enter into Payworks: all personal information, social insurance number, and banking details.** Failure to do so will result in non-payment.

If there are any issues with your data, we will reach out to you using the contact information provided on this form.

Office Use Only

Date added to Payworks: _____ Added by: _____