

# Compensation when Travelling for Association Business Form



Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupational Classification: \_\_\_\_\_

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

Personal Email Address: \_\_\_\_\_

According to the policy “Compensation when Travelling for Association Business ” (Policy # 9OEXE24), the following positions are eligible for compensation for travel time for conducting Association Business when not scheduled to work (unable to utilize salary replacement) and/or travelling beyond your union leave hours: Executive Council Directors, Table Officers (excluding President), members appointed to affiliate committees (MFL, NUPGE, Labour Councils etc.), Bargaining Committee members.

## Have you submitted your banking information to MAHCP payroll?

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

<b>Date</b>	<b>Event/Meeting Travelling for</b>	<b>Time Spent Travelling for Association Business</b>	<b>Requesting Monetary Payment (see chart below)</b>	<b>For Accounting Use Only</b>
<b>Total</b>				

# Compensation when Travelling for Association Business Form

Compensation is based on the time spent travelling to the event/meeting (see chart on next page). The member must complete and submit Appendix A as the compensation for travel 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](mailto:teresa@mahcp.ca) for processing.**

## Office Use Only

Approved  Denied

President or Designate: \_\_\_\_\_ Date: \_\_\_\_\_

**Once processed, please submit to MAHCP payroll for processing.**

# Appendix A Payroll Information Form

# MAHCP.

Manitoba Association of  
Health Care Professionals

Name (with initial): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

**Please submit your completed form electronically to [teresa@mahcp.ca](mailto: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: \_\_\_\_\_