

# Member Advocate Mandatory Training Compensation Form



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

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

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

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

According to the policy “Member Advocate Mandatory Training Compensation” (Policy # 91MEM24), Member Advocates who attend and complete Member Advocate training when on a scheduled day off are eligible to claim \$150 per day. (This honorarium is not subject to payroll deductions)

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

If you haven't, please fill out Appendix A (page 2).

**Dates of Training:** \_\_\_\_\_

You may be asked to verify attendance and/or 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) 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  Declined

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

# 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: \_\_\_\_\_