

Provincial HR Shared Services

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MAHCP Terminated Employees – Request For Retroactive Payment Form

**** Complete this only if you are currently terminated or if you previously terminated from another Employer Organization on or after April 1, 2024 and are now paid from a different payroll system with your new employer ****

The application deadline for terminated employees is May 18, 2025 for the Northern Health Region, Shared Health and WRHA/Churchill Employer Organizations.

As a result of the ratification of the Collective Agreement between the employer and the union:

- *If you resigned or retired you may be eligible for retroactive increases per the terms of the collective agreement.*
- *You **must** complete this form and email it to your former employer to apply to receive any eligible retroactive payment.*
- *Your request (if eligible) will be processed and deposited into your existing bank account on file with your previous employer.*
- *If your banking information has changed since your employment ended, you must complete the banking information form.*
- *Both the request for retroactive payment form and the Direct Deposit form must be emailed together to the payroll office of your former employer. Contacts and email addresses for all offices found below.*

Employee's Information

First Name

Last Name

Employee ID#

Personal Email

Name of the employer you terminated from
(Former employee is requesting retro payment from)

Date of retirement/resignation
(DD-MMM-YYYY)



Social Insurance Number
(SIN)

Address

Unit/Apt#

Street Number

Street Name

P.O. Box

City

Province

Postal Code

Banking Information *(Only complete this if your information on file has changed)* *(To authenticate the change in banking info.)*

Has your banking information changed?

Phone number

If **yes**, you **must attach** a scanned copy of a **void cheque or a letter from the bank** verifying your bank account information via email.

Check this box to confirm you have attached a scanned copy of a VOID cheque or a letter from the bank.

Signature

Date

(DD-MMM-YYYY)

Please email your retroactive request form and banking information in the same email to the appropriate contact email below for your former employer.

Organization	Contact
Northern	<ul style="list-style-type: none"> • payroll@nrha.ca
Shared Health	<ul style="list-style-type: none"> • CancerCare Manitoba - ccmbpayroll@cancercare.mb.ca • Eden Mental Health Centre - dfehr4@edenhealth.mb.ca • Rehabilitation Centre for Children - kizzyp@rccinc.ca • Shared Health Direct Operations - RetroRequest@wrha.mb.ca
WRHA/Churchill	<ul style="list-style-type: none"> • All sites on SAP - RetroRequest@wrha.mb.ca
Non-SAP Employers	<ul style="list-style-type: none"> • Actionmarguerite sites (Saint-Boniface and St. Joseph) - payroll@actionmarguerite.ca • Bethania Mennonite Personal Care Home - kim.fedorowich@bethania.ca • Centre de santé Saint-Boniface - fndaruhutse@centredesante.mb.ca • Klinik Community Health - ehudson@klinik.mb.ca • Mount Carmel Clinic - payroll@mountcarmel.ca • Nine Circles Community Health Centre - mpayne@nynecircles.ca • Nor'West Co-op Community Health Centre - nwc_accounts_payable@norwestcoop.ca • Sexual Education Resource Centre Manitoba - invoice@serc.mb.ca • Southeast Personal Care Home - knguyen@sepch.ca or TPham@sepch.ca • Women's Health Clinic - Inabess@womenshealthclinic.org