Provincial HR Shared Services

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MAHCP Terminated Employees –Retroactive Market Adjustment/ Wage Standardization Payment Request Form

** Complete this only if you are currently terminated or if you previously terminated from another Employer Organization on or after April 1, 2025 and are now paid from a different payroll system with your new employer **

The application deadline for terminated employees is September 21, 2026 for the Shared Health and WRHA/ Churchill Employer Organizations.

Following the ratification of the collective agreement between the employer and the union, the Rural Factor Adjustment eligibility, including the MAHCP Market Adjustment and Wage Standardization (MAWS) Committee, will now be extended to positions working in Brandon, Manitoba. You may be eligible for a retroactive increase in accordance with the negotiated terms.

- *If you resigned or retired you may be eligible for retroactive increases per the terms negotiated.*
- *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? Select One 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	• payroll@nrha.ca
Shared Health	• CancerCare Manitoba - ccmbpayroll@cancercare.mb.ca • Eden Mental Health Centre - ksheppard@edenhealth.mb.ca • Rehabilitation Centre for Children - kizzyp@rccinc.ca • Shared Health Direct Operations -RetroRequest@wrha.mb.ca
WRHA/Churchill	• All sites on SAP - RetroRequest@wrha.mb.ca
Non-SAP Employers	• Sexual Education Resource Centre Manitoba - invoice@serc.mb.ca