



This form may be obtained from our website:
www.aglc.ca

REQUEST TO USE GAMING PROCEEDS TO PAY WAGES/SALARIES

Return this form to:

Regulatory Services

Use of Proceeds

50 Corriveau Avenue, St. Albert, Alberta T8N 3T5

Main : 780-447-8600 / Use of Proceeds Line : 780-651-7600

Toll-Free: 1-855-506-1066 / Fax: 780-447-8912

Email: gaming.useofproceeds@aglc.ca website: www.aglc.ca

This form must be submitted and approved before gaming proceeds can be used for wages/salaries.

Gaming proceeds may be used to pay salaries, wages, fees for service or honorariums only if the duties performed are essential to the group's program delivery, the duties are performed by a person with specialized qualifications and the **duties cannot be reasonably performed by a volunteer.**

Administrative duties, or any portion thereof, are not eligible except for disabled groups who cannot perform an administrative duty due to the nature of the disability.

A Request to Amend Use of Gaming Proceeds (Form LIC/GAM 5506) may be used for:

- Officiating and judges' fees, if not currently approved and the positions are required during regular program or competitions.

A Request to Amend Use of Gaming Proceeds form is not required when submitting a Request to use Gaming Proceeds to Pay Wages/Salaries.

ORGANIZATION NAME	
Name: _____	I.D.#: _____

Address: _____	

_____	_____
City/Town	Postal Code

SIGNING AUTHORITIES			
WE CERTIFY THAT: all information and documents supplied are correct, and the group has authorized this request.			
WE ACKNOWLEDGE THAT: Executive members or voting members will not be paid from gaming proceeds for positions directly related to program delivery.			
President Signature: _____			
Print Full Name: _____		Date of Birth: <u> </u> <u> </u> <u> </u>	
Mailing Address: _____			

Residence Phone: _____		Postal Code _____	
Business Phone: _____	Fax: _____	Email: _____	

Treasurer Signature: _____			
Print Full Name: _____		Date of Birth: <u> </u> <u> </u> <u> </u>	
Mailing Address: _____			

Residence Phone: _____		Postal Code _____	
Business Phone: _____	Fax: _____	Email: _____	

(over)

THE FOLLOWING INFORMATION MUST BE ATTACHED TO THIS FORM FOR ALL POSITIONS

- A copy of the job description for each position, including percentage breakdown of time spent on each duty.
- List of qualifications necessary for each position which should include training, education, experience and any special skill requirement.

NOTE: IF THE JOB DESCRIPTION IS NEW OR CHANGED FROM WHAT IS CURRENTLY APPROVED, AN UPDATED WAGE/SALARY REQUEST MUST BE SUBMITTED FOR APPROVAL.

Position: _____ Voting Member(s): Yes No

Rate of Pay (specify hourly, monthly, annually, honorarium, or fee for service): _____

Start Date:(of request) _____ End Date: _____

Do you wish to claim any additional expenses from gaming proceeds in support of this wage service? Yes No

Travel Expense: \$ _____ Accommodation: \$ _____ Food: \$ _____ Vehicle Expense: \$ _____

Specify if expenses will be paid directly to the individual/company Yes No OR paid by the charity Yes No

Position: _____ Voting Member(s): Yes No

Rate of Pay (specify hourly, monthly, annually, honorarium, or fee for service): _____

Start Date:(of request) _____ End Date: _____

Do you wish to claim any additional expenses from gaming proceeds in support of this wage service? Yes No

Travel Expense: \$ _____ Accommodation: \$ _____ Food: \$ _____ Vehicle Expense: \$ _____

Specify if expenses will be paid directly to the individual/company Yes No OR paid by the charity Yes No

Position: _____ Voting Member(s): Yes No

Rate of Pay (specify hourly, monthly, annually, honorarium, or fee for service): _____

Start Date:(of request) _____ End Date: _____

Do you wish to claim any additional expenses from gaming proceeds in support of this wage service? Yes No

Travel Expense: \$ _____ Accommodation: \$ _____ Food: \$ _____ Vehicle Expense: \$ _____

Specify if expenses will be paid directly to the individual/company Yes No OR paid by the charity Yes No

Position: _____ Voting Member(s): Yes No

Rate of Pay (specify hourly, monthly, annually, honorarium, or fee for service): _____

Start Date:(of request) _____ End Date: _____

Do you wish to claim any additional expenses from gaming proceeds in support of this wage service? Yes No

Travel Expense: \$ _____ Accommodation: \$ _____ Food: \$ _____ Vehicle Expense: \$ _____

Specify if expenses will be paid directly to the individual/company Yes No OR paid by the charity Yes No

For Official Use Only

Approved

Not Approved

Incomplete

Comments/Conditions: _____

A privacy statement for the collection of personal information may be found at www.aglc.ca.