



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

# REQUEST TO USE GAMING PROCEEDS TO PAY WAGES/SALARIES

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

**Return this form to:**

Regulatory Services  
Use of Proceeds  
50 Corriveau Avenue, St. Albert, Alberta T8N 3T5  
Use of Proceeds Line: 780-651-7600 ext. 3  
Toll-Free: 1-855-506-1066 ext. 3 / Fax: 780-447-8911  
Email: [gaming.useofproceeds@aglc.ca](mailto:gaming.useofproceeds@aglc.ca) website: [www.aglc.ca](http://www.aglc.ca)

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.**

<b>ORGANIZATION NAME</b>	
Name: _____	I.D.#: _____
_____	
Address: _____	
_____	
_____	_____
City/Town	Postal Code

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

\_\_\_\_\_