



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 website: 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 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.	
Executive #1 Signature: _____	
Print Full Name:	_____
Position Held:	_____
Mailing Address:	_____

	Postal Code
Contact Phone:	Email: _____
_____	_____
Executive #2 Signature: _____	
Print Full Name:	_____
Position Held:	_____
Mailing Address:	_____

	Postal Code
Contact Phone:	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.

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: _____

Note additional expenses from gaming proceeds in support of this wage service, if applicable.

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: _____

Note additional expenses from gaming proceeds in support of this wage service, if applicable.

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: _____

Note additional expenses from gaming proceeds in support of this wage service, if applicable.

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: _____

Note additional expenses from gaming proceeds in support of this wage service, if applicable.

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: _____
