



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.**

AGLC, Use of Proceeds  
Email: [gaming.useofproceeds@aglc.ca](mailto:gaming.useofproceeds@aglc.ca)  
50 Corriveau Avenue, St. Albert, Alberta T8N 3T5 Use  
of Proceeds Line: 780-651-7600 ext. 9  
Toll-Free: 1-855-506-1066 ext. 9 / Fax: 780-447-8911

Gaming proceeds may be used to pay salaries, wages, fees for service or honorariums if the duties performed are essential to the group's charitable program delivery and cannot be reasonably performed by a volunteer. Position roles and responsibilities must include specialized training, expertise, and/or skills required to deliver the charitable program or to develop additional charitable programs.

Payment for administrative positions such as receptionists, bookkeepers, and other clerical positions, and executive directors whose functions are primarily administrative, are limited within 20% allowed for administrative expenses (see CGPH 5.2) – the submission of the wage/salary form is not required.

Facility related positions such as janitorial, maintenance, including snow removal, lawn care, and ice maintenance, etc are approved as per Facility Policy 5.15 and do not require the submission of a wage/salary form.

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.**

<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> The group must not pay its board of directors and executive (President, Vice President, Treasurer, and Secretary or equivalent) for those roles or for services provided to the group.	
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/salaries form must be submitted for approval.

The group must not pay its board of directors and executive (President, Vice President, Treasurer, and Secretary or equivalent) for those roles or for services provided to the group.

Position Title: \_\_\_\_\_

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 Title: \_\_\_\_\_

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 Title: \_\_\_\_\_

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 Title: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_