

Expense Claim Form

Name: Work Phone: Ext: (Surname) (First Name) Address: (First Name) (Home) (Street Address) (City) Facility: Region: Discipline: Event Name: Date From: To:	Please Note:	Fill out a separate Expense Claim for each event			Attach all <u>original receipts</u> (mileage and meals per diem excluded)									
Address: (First Name) (Home) (Street Address) (City) (Postal Code) Facility: Region: Discipline: Event Name: Date From: To: Held At: Status: CASUAL PART-TIME FULL-TIME A. Meals Per Diem (complete table below) "Where meals are provided by the Union the meal per diem will not apply. Do NOT WRITE IN THIS AREA Facility: Su M T W Th F Sa Date(S) M T W Th F Sa FOR OFFICE USE ONLY Date(s) M T W Th F Sa FOR OFFICE USE ONLY Date(s) M T W Th F Sa FOR OFFICE USE ONLY Date(s) M T W Th F Sa FOR OFFICE USE ONLY Date(s) Mileage Sa Total Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa <t< th=""><th></th><th colspan="5">Review Reimbursement Instructions on back of form Review Reimbursement Instructions on back of form Review Review</th><th>r torm</th><th>Retain pin</th><th colspan="4">Retain pink copy for your records and mail completed form to HSA</th></t<>		Review Reimbursement Instructions on back of form Review Reimbursement Instructions on back of form Review					r torm	Retain pin	Retain pink copy for your records and mail completed form to HSA					
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TOTAL AMOUNT \$										то		NT \$		

I hereby certify that the above information is correct.		
	Member's signature	Date

HSA EXPENSE CLAIM REIMBURSEMENT INSTRUCTIONS

(Health Sciences Association, #300 - 5118 Joyce Street, Vancouver, BC V5R 4H1)

A. MEALS PER DIEM:

Members involved in Union business, if Union business bridges meal times, may claim the appropriate meal reimbursement rate. No receipts necessary unless specified. The Union shall pay members for meals while away from their residence on Union business on the following basis: Breakfast - \$15.00 Lunch - \$20.00 Dinner - \$30.00. Where the meals are provided by the Union, the meal per diem will not apply.

B. ACCOMMODATION:

The Union shall reimburse members travelling for the purpose of conducting business for the Union for their receipted accommodation expenses. Reimbursement is subject to reasonable limits. HSA will arrange twin accommodation for participants including "in-town" participants, who attend HSA conventions and training programs. Double occupancy will be assumed unless single specifically requested. If single occupancy is requested and does not receive prior approval, the dollar difference between the single rate and half the double occupancy rate will be billed to the member.

C. FAMILY AND DEPENDENT CARE (CHILDCARE): The Union will reimburse members for the receipted cost of reasonable family, dependent and personal attendant care expenses (including childcare) incurred by members attending union business over and above family, dependent and personal attendant care expenses regularly incurred as a result of the member's normal occupation.

D. TELEPHONE: The Union will reimburse members for the receipted cost of telephone calls and internet to a maximum of \$10.00 per day within BC or \$15.00 per day while attending a union function outside of BC.

E. TRAVEL EXPENSES

The Union shall reimburse members travelling for the purpose of conducting Union business for their receipted travel expenses. (ferry, highway tolls, parking, transit, taxi)

(a) TRAVEL - Mileage: If a member uses their personal vehicle for travel, the Union shall reimburse them for the distance travelled at the following rate: 53 cents per kilometre - effective July 1, 2012

(b) COMPARISON TABLE: As per HSA policy, HSA will pay for travel expenses including combined costs of mileage or alternate fare, meals, accommodation and wage replacement in the way that is most reasonable and least expensive overall. Air travel is usually the most economical as accommodation and extra days' wages are not required. **Complete both columns.**

Automobile	Air	
Mileage km @ = _	 Airfare	
Ferry	 Parking	
Parking	 Transit	
Transit	 Taxi	
Tolls	 Other	
Accommodation: (nights required)		
Wage replacement: (days x hrly rate) (estimate only)		
Total	Total	

F. OTHER RECEIPTED INCIDENTAL ITEMS

Food for Chapter Meetings. The expense claim will be forwarded to Communications Manager for approval.

RECORD OF UNION LEAVE (for HSA use only)

Name:	Memb	oer #:
Facility:	Mon	th of:

Instructions:

HEALTH SCIENCES ASSOCIATION

The union delivering modern health care

Each HSA member is responsible for recording on this form <u>all union leave</u> on scheduled days of work and on days off. HSA uses this information to track your union activity and to ensure that employers bill HSA for union leave correctly.

Mail or fax this form to HSA Accounts Payable at the end of each month.

Complete columns A, B and C or D and E: (see back of form for further information)

A Date (mm/dd/yy)	B Specify type of Union Activity	C Sched. Work	D Banked Hours			E Hourly Poto	
(OR Banked Day Off	Day (hours)	Earned	Taken	Balance	Hourly Rate	Office Use Only
Return t		rce Street er, BC	604/ Facs	phone 439.0994 simile 439.0976		Toll free 1.800/663.2017 Facsimile toll fr 1.800/663.6119	ee

The HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form, you are consenting to have the HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members. For further information, please contact the HSA Privacy Officer. The full HSA privacy policy is available online at http://www.hsabc.org.

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ADM 0 035 Record of Union Leave.doc Revised 23-Nov-06 Date: _____, 20____

INSTRUCTIONS FOR RECORDING UNION LEAVE

Complete Record of Union Leave Form columns A, B and C or D:

A. Date:

Record a separate entry for each day that HSA will be billed for union business.

B. Specify type of Union Activity OR Banked Day Off

C. Scheduled Work Day:

Record the total hours of union business that HSA will be billed by your employer in this column.

D. Banked Hours Earned:

Record the total hours you are banking for doing union business on your day off, to a maximum of 7.5 hours, in the "Earned" column and carry forward to the "Balance" column.

Banked Hours Taken:

Record the total hours of union leave you are taking in the "Taken" column and deduct from the "Balance" column. To use banked hours, you must request union leave from your supervisor, and code this leave as **union business** so that your employer can invoice HSA.

E. Hourly Rate:

Record the hourly rate of your regular wage in this column for the hours HSA will be billed by your employer.

Approved Union Business / Education Leave Policy

(unless otherwise noted in registration material)

HSA provides paid union leave to members for attending:

- an HSA workshop or conference as an approved participant.
- a labour workshop or conference as an approved HSA participant.
- Regional Meetings, where the member is attending as a designated delegate.
- HSA Convention where the member is attending as a designated delegate.
- Regional Directors core activities as a Board member.
- HSA committee meetings as a committee member.
- Other events and activities approved by the Board of Directors.

Union Business on Scheduled Work Day:

Members are compensated for <u>approved</u> Union business so that the combination of employercompensated time and the paid union leave does not exceed 7.5 hours or the hours regularly scheduled to work, whichever is greater.

Union Business on Day Off:

Members are compensated for <u>approved</u> Union business for actual hours worked to a *maximum of 7.5 hours*.