

LISTING OF SCHEDULES

General

- Schedule 1** Civil Service Mileage, Meals and Incidental Expense Rates
- Schedule 2** Application for Access To Information and Copies of Records Form
- Schedule 3** Application for Exemption
- Schedule 4** Diagrams of Relationships Defined by “Relative”

Constituency Assistants Allowance

- Schedule 5** Civil Service Holidays
- Schedule 6** Constituency Assistant – Notice of Hire
- Schedule 7** Constituency Assistant – Notice of Change
- Schedule 8** Constituency Assistant – Attendance Form
- Schedule 9** Payroll Schedule
- Schedule 10** Constituency Assistant – Notice of Lay-Off
- Schedule 11** Constituency Assistant – Notice of Termination

Travel Allowance

- Schedule 12** Declaration Respecting Eligibility for Southern Member's Travel Allowance
- Schedule 13** Declaration Respecting Eligibility for Northern Member's Travel Allowance
- Schedule 14** Grouping by Size of Southern Constituencies in Square Kilometres
- Schedule 15** Statutory Declaration Respecting Evidence of Fee for Metered Parking

Commuter Allowance

Schedule 16 Declaration Respecting Eligibility for a Member's Commuter Allowance

Living/Alternate Living Allowance

Schedule 17 Map of Designated Area (50 km radius)

Schedule 18 Designation of Additional Months

Schedule 19 Declaration Respecting Eligibility for a Member's Living Allowance
(*Principal residence is outside Designated Area*)

Schedule 20 Declaration Respecting Eligibility for a Member's Living Allowance
(*Principal residence is in Winnipeg*)

Schedule 21 Declaration Respecting Eligibility for a Member's Alternate Living Allowance

**2011/2012 CIVIL SERVICE MILEAGE, MEAL AND
INCIDENTAL EXPENSE RATES**

1. Mileage Rates:

Mileage rates **are determined by the location of a Member's constituency**, not by where the travel occurred.

<i>Southern</i>	40.0 cents/km.
<i>Northern</i>	44.4 cents/km.

- Members representing the Northern constituencies of Thompson, The Pas, Flin Flon and Kewatinook claim all mileage expenses at the *northern* rate.
- Members representing all other constituencies claim all mileage expenses at the *southern* rate.

Once a Member has claimed **over 25,000 kilometres** in a fiscal year, an additional **5 cents per kilometre** will be applied to their mileage rate as follows:
(This does not increase the entitlement.)

<i>Southern</i>	45.0 cents/km.
<i>Northern</i>	49.4 cents/km.

2. Meal Rates:

Reimbursement rates for meals **are determined by the area in which the meal was consumed.**

	Breakfast	Lunch	Dinner	Max. Per Diem
<i>Southern</i>	\$6.85	\$8.85	\$15.70	\$31.40
<i>Northern</i>	\$7.35	\$9.35	\$16.90	\$33.60

- Meals consumed in the Northern constituencies of Thompson, The Pas, Flin Flon and Kewatinook including the communities of Bissett, Crane River, Dauphin River (Anama Bay), Easterville, Grand Rapids, Manigotagan, Matheson Island and Waterhen are claimed at the *northern* rate.
- Meals consumed in all other areas are claimed at the *southern* rate.

3. Incidental (Overnight Stay) Expense:

- Commercial accommodation: **\$4.60 per overnight stay**
- Non-commercial accommodation: **\$3.20 per overnight stay**
- One personal telephone call while in travel status to a maximum of: **\$4.78 for every three overnight stays**

This page is blank.

This page is blank.



**APPLICATION FOR EXEMPTION UNDER SECTION 3
OF THE MEMBERS' SALARIES, ALLOWANCES AND
RETIREMENT PLANS DISCLOSURE REGULATION**

**LEGISLATIVE
ASSEMBLY**

I, _____

representing the consistency of:

request that the information or record specified below, be exempt from inspection and copying under Section 3 of the *Members' Salaries, Allowances and Retirement Plans Disclosure Regulation*. I make this request on the basis that the disclosure of the information would reasonably be expected to pose a threat to the security of myself or others.

Information or record to be exempted: _____

Reason for the exemption: _____

Date

Signature of Member

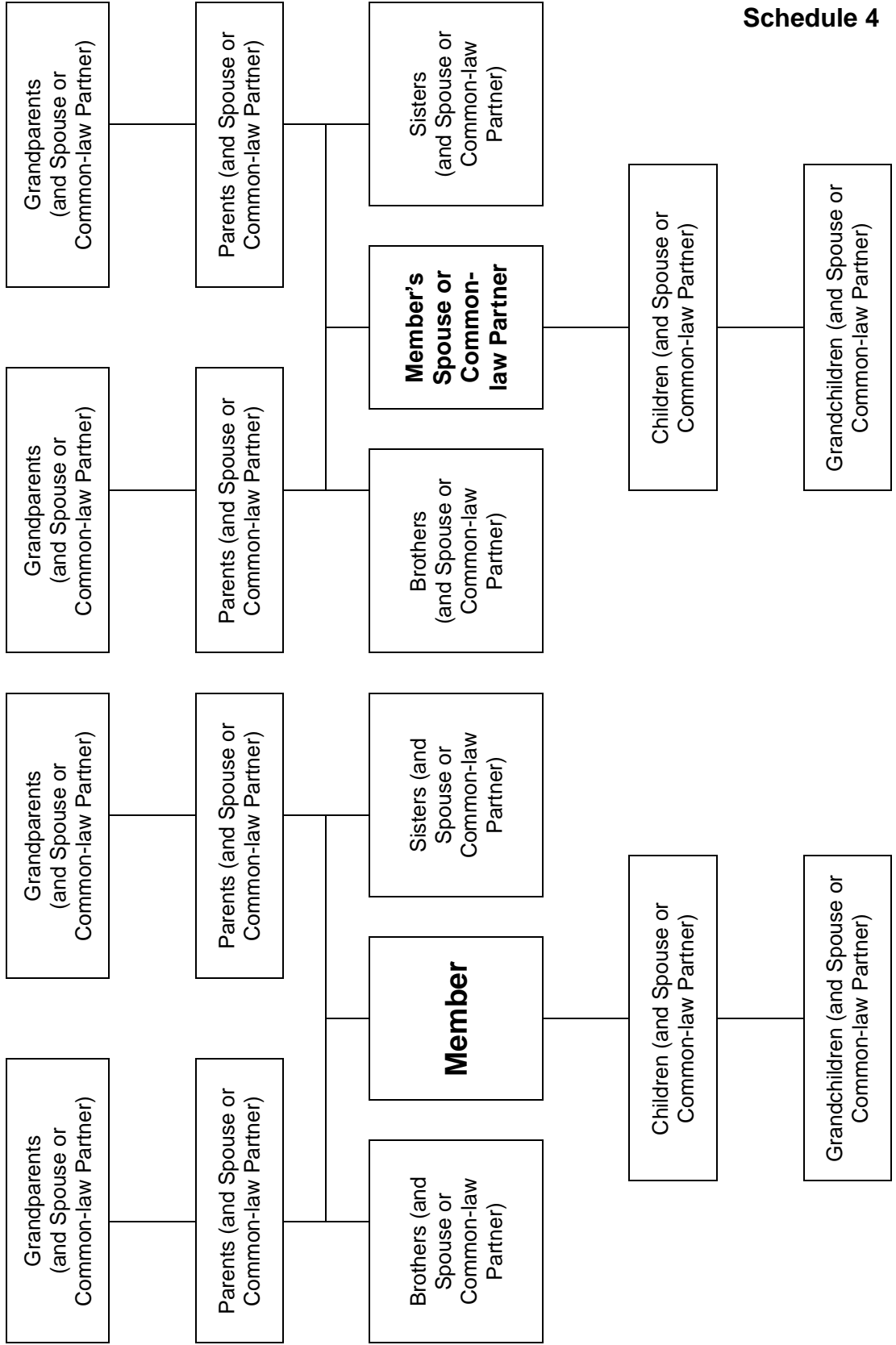
Approved:

Date

Signature of Speaker or Delegated Official

This page is blank.

Diagram of Relationships defined by "Relative"



This page is blank.

CIVIL SERVICE HOLIDAYS 2011

Louis Riel Day	February 21, 2011
Good Friday	April 22, 2011
Easter Monday	April 25, 2011
Victoria Day	May 23, 2011
Canada Day	July 1, 2011
Civic Holiday	August 1, 2011
Labour Day	September 5, 2011
Thanksgiving Day	October 10, 2011
Remembrance Day	November 11, 2011
Christmas Day	December 25, 2011 (day observed December 27, 2011)
Boxing Day	December 26, 2011
New Year's Day	January 1, 2012 (day observed January 2, 2012)

Employees may be granted leave of absence without pay, time in lieu of overtime or earned vacation leave to observe religious holidays of other religious faiths.

This page is blank.

CONSTITUENCY ASSISTANT - NOTICE OF HIRE

MEMBER INFORMATION

Name of Member _____ Constituency _____

CONSTITUENCY ASSISTANT INFORMATION

Name of Constituency Assistant _____

Home Phone Number _____

Office Phone Number _____

EMPLOYMENT INFORMATION

Employment Status - Please ✓
Regular _____ Term End Date _____
Term _____
Casual _____

Frequency of Work - Please ✓
Full-time _____
Part-time _____

Start Date _____ Hourly Rate of Pay \$ _____

AUTHORIZATION

This will confirm that I have hired the individual named above, under the terms specified above, as my Constituency Assistant.

Date _____ Signature _____

Please provide a copy of this Notice of Hire to your Constituency Assistant and forward the original to: Susan Pachikara, Human Resource Services, Legislative Assembly, 1035 - 405 Broadway, Winnipeg, MB R3C 3L6.

In addition, the form may be faxed to Susan Pachikara at (204) 948-3115. The Constituency Assistant needs to contact Gina Calessio at 945-2655 to register for pay and benefit purposes.

This page is blank.

CONSTITUENCY ASSISTANT - NOTICE OF CHANGE

MEMBER INFORMATION	
Name of Member _____	Constituency _____

CONSTITUENCY ASSISTANT INFORMATION	
Name of Constituency Assistant _____	
Home Phone Number _____	
Office Phone Number _____	

EMPLOYMENT INFORMATION		
Employment Status - Please ✓	Regular _____ Term _____ Casual _____	Term End Date _____
Frequency of Work - Please ✓	Full-time _____ Part-time _____	
Hourly Rate of Pay \$ _____	Effective Date _____	

AUTHORIZATION	
This will provide authorization of the change(s) indicated above with respect to employment of my Constituency Assistant.	
Date _____	Signature _____

Please provide a copy of this Notice of Hire to the Constituency Assistant and forward the original to: Susan Pachikara, Human Resource Services, Legislative Assembly, 1035 - 405 Broadway, Winnipeg, MB R3C 3L6

In addition, the form may be faxed to Susan Pachikara at (204) 948-3115.

This page is blank.

This page is blank.

Schedule 9**Payroll Schedule**
2011-2012**BIWEEKLY WORKED****ATTENDANCE SUBMITTED**
BY NOON OF DATE LISTED***DATE PAID****Saturday to Friday:****Tuesday:****Friday:**

MARCH 26 – APRIL 8/11	APRIL 12/11	APRIL 21/11
APRIL 9 – APRIL 22/11	APRIL 21/11	MAY 6/11
APRIL 23 – MAY 6/11	MAY 10/11	MAY 20/11
MAY 7 – MAY 20/11	MAY 24/11	JUNE 3/11
MAY 21 – JUNE 3/11	JUNE 7/11	JUNE 17/11
JUNE 4 – JUNE 17/11	JUNE 21/11	JUNE 30/11
JUNE 18 – JULY 1/11	JULY 5/11	JULY 15/11
JULY 2 – JULY 15/11	JULY 19/11	JULY 29/11
JULY 16 – JULY 29/11	AUGUST 2/11	AUGUST 12/11
JULY 30 – AUGUST 12/11	AUGUST 16/11	AUGUST 26/11
AUGUST 13 – AUGUST 26/11	AUGUST 30/11	SEPTEMBER 9/11
AUGUST 27 – SEPTEMBER 9/11	SEPTEMBER 13/11	SEPTEMBER 23/11
SEPTEMBER 10 – SEPTEMBER 23/11	SEPTEMBER 27/11	OCTOBER 7/11
SEPTEMBER 24 – OCTOBER 7/11	OCTOBER 11/11	OCTOBER 21/11
OCTOBER 8 – OCTOBER 21/11	OCTOBER 25/11	NOVEMBER 4/11
OCTOBER 22 – NOVEMBER 4/11	NOVEMBER 8/11	NOVEMBER 18/11
NOVEMBER 5 – NOVEMBER 18/11	NOVEMBER 22/11	DECEMBER 2/11
NOVEMBER 19 – DECEMBER 2/11	DECEMBER 6/11	DECEMBER 16/11
DECEMBER 3 – DECEMBER 16/11	DECEMBER 20/11	DECEMBER 30/11
DECEMBER 17 – DECEMBER 30/11	JANUARY 3/12	JANUARY 13/12
DECEMBER 31 – JANUARY 13/12	JANUARY 17/12	JANUARY 27/12
JANUARY 14 – JANUARY 27/12	JANUARY 31/12	FEBRUARY 10/12
JANUARY 28 – FEBRUARY 10/12	FEBRUARY 14/12	FEBRUARY 24/12
FEBRUARY 11 – FEBRUARY 24/12	FEBRUARY 28/12	MARCH 9/12
FEBRUARY 25 – MARCH 9/12	MARCH 13/12	MARCH 23/12
MARCH 10 – MARCH 23/12	MARCH 27/12	APRIL 6/12

- *Date may be subject to change because of statutory holidays.*

This page is blank.

Schedule 10

CONSTITUENCY ASSISTANT - NOTICE OF LAY-OFF

EMPLOYMENT INFORMATION	
Name of Member _____	Constituency _____
Name of Constituency Assistant _____	
Last day physically at work was / will be _____	

NOTICE OF LAY-OFF	
Written notice of lay-off was provided to the Constituency Assistant on _____	(✓)
Written notice of lay-off was not provided to the Constituency Assistant _____	(✓)
Member ceased to be a Member – Permanent lay-off _____	(✓)

AUTHORIZATION FOR PAYMENT OF PAY IN LIEU OF NOTICE (if any)	
Date _____	Signature of Member _____

OFFICE USE													
Employment start date _____	Employment end date _____	Weekly rate of pay _____	\$ _____										
Length of continuous service _____	Regular _____	Term _____											
PAY IN LIEU OF NOTICE													
Period of notice required _____	_____ weeks	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 5px;">Notice Requirement</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Period of Continuous Service:</td> <td style="padding: 5px;">Notice:</td> </tr> <tr> <td style="padding: 5px;">Term status with less than 1 year</td> <td style="padding: 5px;">2 weeks</td> </tr> <tr> <td style="padding: 5px;">Term status with one or more years</td> <td style="padding: 5px;">4 weeks</td> </tr> <tr> <td style="padding: 5px;">Regular status</td> <td style="padding: 5px;">4 weeks</td> </tr> </tbody> </table>		Notice Requirement		Period of Continuous Service:	Notice:	Term status with less than 1 year	2 weeks	Term status with one or more years	4 weeks	Regular status	4 weeks
Notice Requirement													
Period of Continuous Service:	Notice:												
Term status with less than 1 year	2 weeks												
Term status with one or more years	4 weeks												
Regular status	4 weeks												
Less period of notice provided _____	_____ week(s)												
Balance of notice to be paid _____	_____ week(s)												
No. of weeks x weekly rate of pay _____	\$ _____												

Please provide this Notice of Lay-off to:

Susan Pachikara
 Human Resource Services
 Legislative Assembly
 1035 - 405 Broadway, Winnipeg, MB R3C 3L6

Or, fax to Susan Pachikara at (204) 948-3115.

This page is blank.

Schedule 11

CONSTITUENCY ASSISTANT - NOTICE OF TERMINATION

EMPLOYMENT INFORMATION

Name of Member _____ Constituency _____

Name of Constituency Assistant _____

Last day physically at work was / will be _____

REASON FOR TERMINATION

- A. _____ Non-disciplinary
and Written notice of termination was provided to the Constituency Assistant _____ (✓)
or Written notice of termination was not provided to the Constituency Assistant _____ (✓)
- B. _____ Disciplinary
- C. _____ Casual employment or end of term of employment.
- D. _____ End of specific task for which the Constituency Assistant was hired.
- E. _____ Constituency Assistant terminated employment.
- F. _____ Member ceased to be a Member

Date _____ Signature of Member _____

(Note: Any pay in lieu of notice and/or severance pay to which the Constituency Assistant may be entitled under the Employment Policies for Constituency Assistants will be calculated and paid in accordance with the information provided above.)

OFFICE USE

Employment start date _____	Employment end date _____														
Length of continuous service _____	Weekly rate of pay \$ _____														
1. PAY IN LIEU OF NOTICE															
Period of notice required _____ week(s)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Notice Requirement</th> </tr> <tr> <td style="width: 70%;">Period of Continuous Service:</td> <td style="width: 30%;">Notice:</td> </tr> <tr> <td>less than 1 year</td> <td>1 week</td> </tr> <tr> <td>at least 1 year and less than 3 years</td> <td>2 weeks</td> </tr> <tr> <td>at least 3 years and less than 5 years</td> <td>4 weeks</td> </tr> <tr> <td>at least 5 years and less than 10 years</td> <td>6 weeks</td> </tr> <tr> <td>10 years or more</td> <td>8 weeks</td> </tr> </table>	Notice Requirement		Period of Continuous Service:	Notice:	less than 1 year	1 week	at least 1 year and less than 3 years	2 weeks	at least 3 years and less than 5 years	4 weeks	at least 5 years and less than 10 years	6 weeks	10 years or more	8 weeks
Notice Requirement															
Period of Continuous Service:		Notice:													
less than 1 year		1 week													
at least 1 year and less than 3 years	2 weeks														
at least 3 years and less than 5 years	4 weeks														
at least 5 years and less than 10 years	6 weeks														
10 years or more	8 weeks														
Less period of notice provided _____ week(s)															
Balance of notice to be paid _____ week(s)															
No. of weeks x weekly rate of pay \$ _____															
2. SEVERANCE PAY															
Eligible week (s) _____ week(s)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Severance Pay</th> </tr> <tr> <td colspan="2">- equivalent of one week's pay per year of continuous service, prorated for a part year</td> </tr> <tr> <td colspan="2">- maximum of eight week's pay</td> </tr> <tr> <td colspan="2">- minimum requirement of one year service</td> </tr> </table>	Severance Pay		- equivalent of one week's pay per year of continuous service, prorated for a part year		- maximum of eight week's pay		- minimum requirement of one year service							
Severance Pay															
- equivalent of one week's pay per year of continuous service, prorated for a part year															
- maximum of eight week's pay															
- minimum requirement of one year service															
No. of weeks x weekly rate of pay \$ _____															

Please provide this Notice of Termination to: Susan Pachikara, Human Resource Services, Legislative Assembly
 1035 - 405 Broadway, Winnipeg, MB R3C 3L6
 Or, fax to Susan Pachikara at (204) 948-3115

This page is blank.



**DECLARATION RESPECTING ELIGIBILITY FOR
SOUTHERN MEMBER'S TRAVEL ALLOWANCE**

**LEGISLATIVE
ASSEMBLY**

I, _____.

Member of the Manitoba Legislative Assembly representing the constituency of:

make this declaration to establish the value of my travel allowance under Section 20(1)(c) of the *Members' Allowances Regulation*.

The **one-way distance by private vehicle between the Legislative Building and my residence in the constituency** (if there is no such residence then **place of nomination under the Elections Act**), by the most direct reasonable route is:

_____ kms.

Date

Signature of Member

.....
**Return to: Members' Allowances Office
Room 9B, Legislative Building**

This page is blank.



**DECLARATION RESPECTING ELIGIBILITY FOR
NORTHERN MEMBER'S TRAVEL ALLOWANCE**

**LEGISLATIVE
ASSEMBLY**

I, _____

Member of the Manitoba Legislative Assembly representing the constituency of:

make this declaration to establish the value of my travel allowance under Section 20(1)(b) of the *Members' Allowances Regulation*.

The **government airport or landing strip nearest my residence** in my constituency (if there is no such residence, the **place of nomination under the Elections Act**), is:

Date

Signature of Member

.....
**Return to: Members' Allowances Office
Room 9B, Legislative Building**

This page is blank.

Schedule 14

Grouping by Size of Southern Constituencies In Square Kilometres

Constituencies Less Than 2,500 Sq. Km (Base Amount A)	
Brandon West	21.6
Brandon East	53.8
Steinbach	431.8
St. Paul	459.8
Morden-Winkler	477.6
Selkirk	883.2
Dawson Trail	1,290.5
Portage la Prairie	2,115.3
Constituencies Between 2,500 Sq. Km and 6,000 Sq. Km. (Base Amount B)	
Gimli	2,603.8
Morris	3,251.4
Emerson	3,516.7
Lakeside	4,819.7
Constituencies Between 6,000 and 10,000 Sq. Km. (Base Amount C)	
Dauphin	6,959.8
Midland	7,451.8
Spruce Woods	8,134.8
Agassiz	8,779.3
Constituencies Between 10,000 and 20,000 Sq. Km. (Base Amount D)	
Riding Mountain	12,007.4
Arthur-Virden	12,510.8
Lac du Bonnet	12,629.5
La Verendrye	14,417.7
Constituencies Greater than 20,000 Sq. Km. (Base Amount E)	
Swan River	39,704.1
Interlake	46,697.3

Source: Electoral Divisions Boundaries Commission, 2008

This page is blank.



**STATUTORY DECLARATION
RESPECTING EVIDENCE OF FEE FOR
METERED PARKING**

**LEGISLATIVE
ASSEMBLY**

Section 5(3)(e) of the *Members' Allowances Regulation*

I, _____
(Name of Member or person with personal knowledge of claim) (please print)

do solemnly declare that the metered parking expenditure, indicated on the claim to which this Declaration is attached, was incurred.

(Please list particulars: date of the expense, parking location and amount of the fee)

Declarant's signature

Declared before me at the City (Town)

of _____

In the Province of Manitoba, this

_____ day of _____, _____.

A Commissioner for Oaths in and for the
Province of Manitoba. My Commission
expires _____.

This page is blank.



**DECLARATION RESPECTING ELIGIBILITY FOR
A MEMBER'S COMMUTER ALLOWANCE**

**LEGISLATIVE
ASSEMBLY**

I, _____.

Member of the Manitoba Legislative Assembly representing the constituency of:

_____ make this declaration to establish the value of my Commuter Allowance under Section 23 of the *Members' Allowances Regulation*. The constituency and my residence are located outside the City of Winnipeg.

The one-way distance **from my principal residence to the limits of the City of Winnipeg**, when travelling by private vehicle by the most direct reasonable route is:

_____ kms.

Date

Signature of Member

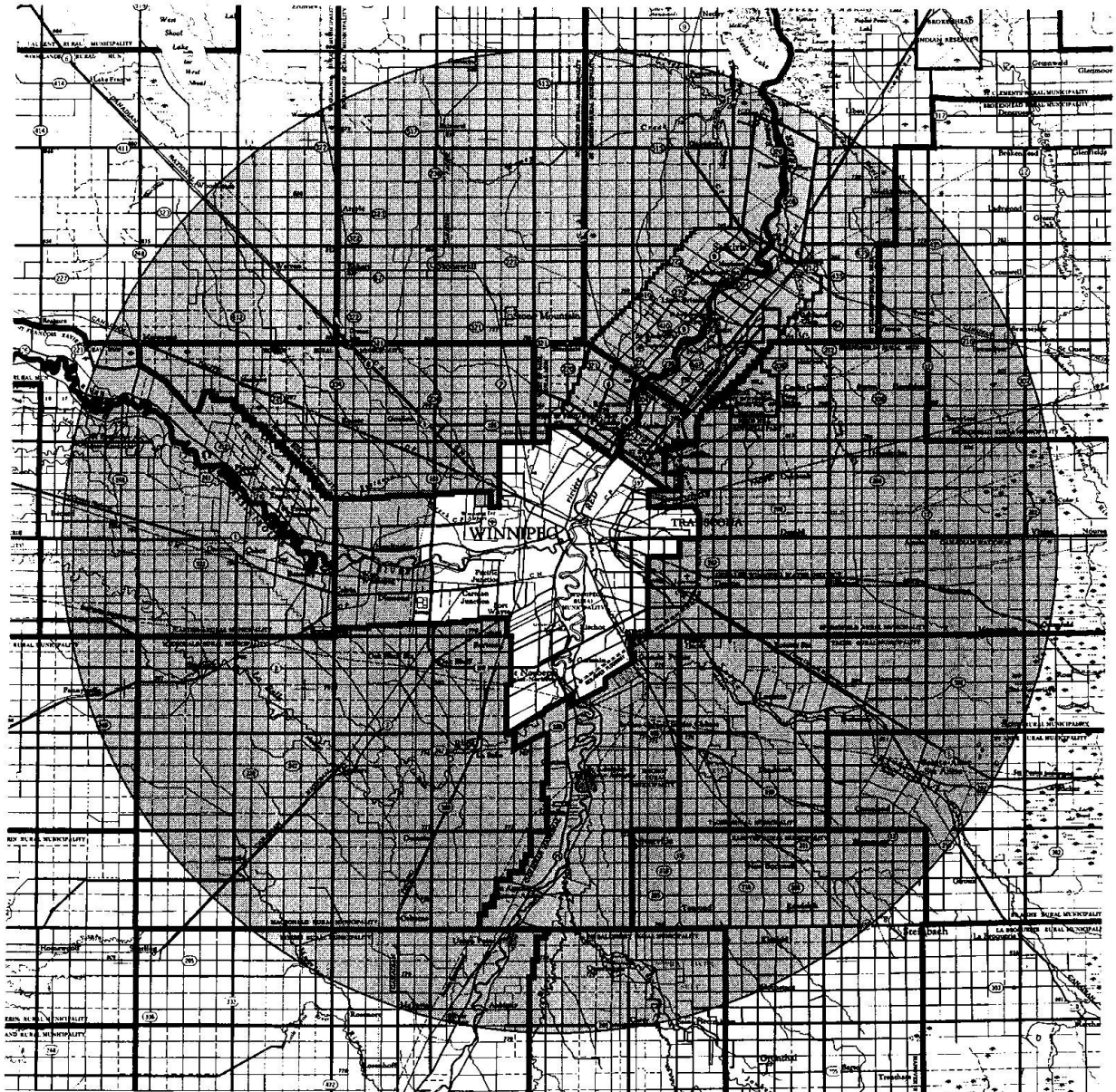
.....
Note: Members claiming Commuter Allowance expenses cannot claim Living Allowance expenses in the same month.

**Return to: Members' Allowances Office
Room 9B, Legislative Building**

This page is blank.

Map of 50 Kilometre Radius of Legislative Building (*Designated Area*)

SCHEDULE/ANNEXE
(Subsection 1(1)/paragraphe 1(1))



Legend/Légende

Designated Area/Région Désignée



This page is blank.



DESIGNATION OF ADDITIONAL MONTH(S) FOR CLAIMING LIVING EXPENSES UP TO THE SESSIONAL MONTHLY MAXIMUM

LEGISLATIVE ASSEMBLY

I, _____.

representing the constituency of:

designate the months of:

1) _____

2) _____

as the two additional months in a fiscal year in which I can claim reimbursement of my living expenses up to the sessional maximum amount allowable under the Living Allowance. [*Members' Allowances Regulation, Section 24(3)*]

Please also indicate an alternate month, if a designated month above becomes a sitting month:

Alternate) _____

Date

Signature of Member

.....
**Return to: Members' Allowances Office
Room 9B, Legislative Building**

This page is blank.



**DECLARATION RESPECTING ELIGIBILITY FOR
A MEMBER'S LIVING ALLOWANCE**

**LEGISLATIVE
ASSEMBLY**

(Principal residence is outside Designated Area)

I, _____

Member of the Manitoba Legislative Assembly representing the constituency of

_____,
make this declaration to establish my eligibility for a living allowance under Section 24(1)(a) or
Section 25.1 of the *Members' Allowances Regulation*.

The address of **my principal residence, which is outside Winnipeg and the designated
area** (50 km radius) shown on the map (Schedule 17), is:

Street City/Town Postal Code

The address of my **temporary residence** is:

Street Winnipeg City/Town Postal Code

Date

Signature of Member

.....

Note: Members claiming Living Allowance expenses cannot claim Commuter Allowance
expenses in the same month.

**Return to: Members' Allowances Office
Room 9B, Legislative Building**

This page is blank.



**DECLARATION RESPECTING ELIGIBILITY FOR
A MEMBER'S LIVING ALLOWANCE**

**LEGISLATIVE
ASSEMBLY**

(Principal residence is in Winnipeg)

I, _____

Member of the Manitoba Legislative Assembly representing the constituency of

_____ which is wholly outside the City of Winnipeg, make this declaration to establish my eligibility for a living allowance under Section 24 (1) (b) or Section 25 (1) of the *Members' Allowances Regulation*.

The address of my **principal** residence is:

_____ **Winnipeg** _____
Street City/Town Postal Code

and the address of my **temporary** residence, which is outside the City of Winnipeg and outside the designated area shown on the map (Schedule 17) and within the constituency I represent, is:

_____ Street City/Town Postal Code

_____ Date

_____ Signature of Member

.....

Note: Members claiming Living Allowance expenses cannot claim Commuter Allowance expenses in the same month.

**Please return to: Members' Allowances Office
Room 9B Legislative Building**

This page is blank.



DECLARATION RESPECTING ELIGIBILITY FOR MEMBER'S ALTERNATE LIVING ALLOWANCE

LEGISLATIVE ASSEMBLY

I, _____,

Member of the Manitoba Legislative Assembly representing the constituency of

make this declaration to establish my eligibility for the Alternate Living Allowance under Section 28 (1) of the *Members' Allowances Regulation*.

The address of my **principal residence, which is outside Winnipeg and the designated area** (50km radius) shown on the map (Schedule 17), is:

Street	City/Town	Postal Code
--------	-----------	-------------

Date

Signature of Member

.....

Note: Members claiming Alternate Living Allowance expenses cannot claim Commuter Allowance expenses in the same month.

**Please return to: Members' Allowances Office,
Room 9B, Legislative Building**

This page is blank.