

**APPLICATION FOR
LABRADOR TRAVEL ALLOWANCE
FOR FISCAL YEAR _____**

Employee Name: _____ **Employee ID:** _____
Department: _____ **Division:** _____
Home Mailing Address: _____

Home Telephone Number: () _____

Were you employed in Labrador during the fiscal year with a Provincial Government Department? Yes No

If yes, were you employed a) Full Fiscal Year Part of the Fiscal Year
b) Full-time Part-time

Claiming for (see note 1): Employee Only Employee with Dependents

Total number of dependants you are claiming including yourself: _____

Are you claiming a spouse (see note 1)? Yes No

If yes, is your spouse claiming the Labrador Travel Allowance with his/her employer? Yes No

Are you claiming a child(ren) (see note 1)? Yes No

Is your spouse claiming a child(ren)? Yes No

Please complete if you are claiming for a dependent(s):

Dependents	Additional Information
Spouse's Name if claiming	Spouse's Employer if claiming (See note 1)
Child's Name if claiming (See notes 2 & 3)	Child's Date of Birth (mm/dd/yy)

Were you on Maternity/Parental Leave during the year? Yes No

If yes, Start Date: _____ **End Date:** _____

Did you permanently reside in Labrador during the Maternity/Parental Leave period?

Yes for the entire year Yes for a portion of the year No, I did not reside in Labrador during this period

If yes for a portion of the year, enter date range you lived in Labrador.

Start Date: _____ **End Date:** _____

Were you in receipt of benefits under the Labrador Benefits Agreement prior to the Maternity/Parental Leave period? Yes No

I certify that the above information is correct.

Signature of Employee

Date

Certified for payment in accordance with S.30(1) of the Financial Administration Act

Deputy Minister or Delegate

Date

For Office Use Only:

Comments: _____

Signature

Date

Under the authority of the **Financial Administration Act**, personal information will be collected for the purpose of processing requests. Your personal information is protected by the Access to Information and Protection of Privacy Act and will not be disclosed without consent or authorization. Any questions or comments can be directed to the HR Service Centre at 729-7690, 1-888-729-7690 or HRServiceCentre@gov.nl.ca.

Application for Labrador Travel Allowance Instructions

This form is to be completed yearly by employee's seeking Labrador Travel Allowance. To find out additional information, employees' should consult their applicable collective agreement

(<https://www.gov.nl.ca/exec/tbs/working-with-us/collective-agreements/>) or Human Resource Policies

(<https://www.gov.nl.ca/exec/tbs/working-with-us/labrador-benefits/>).

A copy of this form can be found on the Public Service Network site (<https://www.intranet.gov.nl.ca/forms/payroll-and-benefits-division/>) or by contacting the HR Service Centre. If you have any questions about the completion of this form, please contact the HR Service Centre. The form must be approved for payment by the Deputy Minister or delegate. The original approved form should not be returned to the employee instead it should be forwarded **by the approver** to the Time and Labour Section of Compensation and Payroll Services for processing. Completed forms should be forwarded to timelabour@gov.nl.ca by the middle of March.

Notes:

1. Where an employee and his/her spouse are both employed by a Provincial Government Department or quasi-government agency each spouse shall receive the Travel Allowance but only one spouse shall claim the benefit for dependents. Please note that if each spouse receives the benefit individually the other spouse is unable to claim the spouse as a dependant.
2. Copies of birth certificates, if not already on file, for dependents under the age of 18 or for dependents between the age of 18 and 24 if attending school or post secondary institution should be attached.
3. For dependents between the age of 18 and 24 a letter from the school or post secondary institution indicating the dependent is in attendance must be submitted yearly.
4. If claiming a dependent under the age of 24 who is disabled and remains in the direct care of the parent in the same household, medical documentation confirming the dependents status is required.
5. Labrador Travel Allowance is a taxable benefit and will be reported on your T4/T4A.
6. As necessary, the Labrador Travel Allowance will be prorated.

Contact Information:

HR Service Centre

E-mail: HRServiceCentre@gov.nl.ca

Phone: 729-7690 or 1-888-729-7690

Mailing address:

HR Service Centre

Treasury Board Secretariat

Executive Council

Government of Newfoundland &

Labrador

P.O. Box 8700

St. John's, NL A1B 4J6