

Northwest Territories Health and Social Services Authority
FRIENDS AND FAMILY TRAVEL PROGRAM
APPLICATION FORM

Employee First and Last Name	Employee Title	Employee ID & Record #	
Email Address	Cell / Phone Number	Expected Dates of Travel	
Supervisor First and Last Name	Supervisor Title	Email Address	

Required Criteria

All below criteria are met:

<input type="checkbox"/>	Eligible Employee	Program for indeterminate, term, and casual front-line nurse practitioners, and registered nurses providing direct patient care; and indeterminate, term and locum physicians.
<input type="checkbox"/>	Scheduled for minimum of 5 days over the holiday season	Scheduled for a minimum of 5 days between Dec. 20, 2022, and Jan. 4, 2023. Where applicable, paid travel days are included in the 5-day minimum.

The information listed on this form is accurate to the best of our knowledge. Further, we understand that it is our responsibility to ensure that should the information change, we will notify NTHSSA_Payroll@gov.nt.ca immediately.

_____ Employee Signature	_____ Date
_____ Supervisor Signature	_____ Date
_____ Chief Operating Officer /Executive Director / AMD Signature	_____ Date

Please submit application form to NTHSSA_Payroll@gov.nt.ca.

The information in this form is being collected in support of your application to the Friends and Family Travel Program. It is protected by the privacy provisions of the Access to Information and Protection of Privacy Act (ATIPPA). If you have any questions about collection or use of the information, please contact the Manager, Talent Acquisition at (867) 767-9105.



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APPLICATION FORM INSTRUCTIONS

1. Employee to include their First and Last Name and title.
2. Employee to provide their employee ID and record number, ID is 6 digits and record number is 0-99, if unsure of your ID and record number please contact NTHSSA_Payroll@gov.nt.ca, if you are a Physician Locum please write LOCUM in the employee ID and record number box.
3. Employee to include contact information of email and phone number.
4. Employee to specify expected date of travel of Friends and Family.
5. Employee to provide Direct Supervisor first and last name, title, and email.
6. Employee to sign the form and provide to supervisor for their signature and confirmation of eligibility.
7. Supervisor is responsible for ensuring that employee meets the eligibility requirements and must tick off the required criteria, back up is not required.
8. If employee is not eligible the Supervisor will return the form to employee and provide the reasoning why the employee is not eligible.
9. After confirming that employee meets the eligibility criteria the Supervisor will sign the form and forward to the Chief Operating Officer, Area Medical Director, or Executive Director.
10. The Chief Operating Officer, Area Medical Director, or Executive Director will sign and return the form to the supervisor.
11. Supervisor will return the form to the employee.
12. Employee will submit form to NTHSSA_Payroll@gov.nt.ca and keep a copy to be included with their Claim form.
13. Employee is responsible for arranging travel by air or privately owned vehicle, employee to ensure that if by air they ensure they have the appropriate travel invoice showing flights, dates and total costs and they are unable to claim more than two individuals or two vehicles.

