



Department of Human Resources

Trent Durham-GTA Flexible Benefits Plan Reimbursement Form

ELIGIBILITY

Regular and recurring members of the bargaining unit represented by **the Ontario Public Service Employees Union, Local 365**, are entitled to receive an annual flexible benefit allowance equivalent to \$375.00 for the period July 1- June 30; the allowance is pro-rated for employees that are employed for less than one year. (see Article 14.11)

Regular and recurring employees in the **Exempt Group** are entitled to receive a Flexible Benefits Plan allowance equivalent to \$375.00 for the period July 1- June 30; the allowance is pro-rated for employees that are employed for less than one year.

Name:			
Home Address:			
Employee #:		Telephone #:	
Flex Balance Reimbursement Request:			
Official Receipt Attached:			
For Office Use Only			
Eligible Flex Benefit Allowance:	Enter Dollar Amount		
Requested Reimbursement Amount:	Enter Dollar Amount		
Allowance Amount Remaining:	Enter Dollar Amount		
Human Resources Approval:			
Date:			