



Air North Employee Number: _____

City Code: _____

Employee Travel Benefits

Employee Legal Name: *(As it appears on your government identification used for travel)*

First Name: _____ **Middle Name(s):** _____ **Last Name:** _____

Date of Birth: ____ Day _____ Month ____ Year **Gender:** Male Female

Contact Phone Number: _____ **Extension:** _____

Contact Email: _____

Position: _____ **Department:** _____

HUMAN RESOURCES ONLY

Date of Hire: ____ Day _____ Month ____ Year

Benefits Eligibility Date: ____ Day _____ Month ____ Year

Full-time *(35-40 hours per week)*

Part-time *(20-34 hours per week)*

On-call *(no guarantee of hours)*

Other *(Specify)* _____

Spouse/Common Law Partner/Travel Companion *(Eligible employees who do not have a spouse can designate one person per calendar year to travel under their employee travel privileges)*

Full Legal Name: *(As it appears on your government identification used for travel)*

Last Name: _____ **First Name:** _____ **Middle Name(s):** _____

Date of Birth: ____ Day _____ Month ____ Year **Gender:** Male Female

Relationship to Employee: _____

Immediate Family Members

(This includes dependents, parents, parent-in-laws, grandparents, siblings & their spouse(s). Does NOT include aunts, uncles, nieces, nephews and cousins.)

Full Legal Name: (As it appears on your government identification used for travel)

Last Name:

First Name:

Middle Name(s):

Date of Birth: ___ Day _____ Month ___ Year Gender: Male Female

Relationship to Employee: _____ Attending Post-Secondary: Yes No N/A

Full Legal Name: (As it appears on your government identification used for travel)

Last Name:

First Name:

Middle Name(s):

Date of Birth: ___ Day _____ Month ___ Year Gender: Male Female

Relationship to Employee: _____ Attending Post-Secondary: Yes No N/A

Full Legal Name: (As it appears on your government identification used for travel)

Last Name:

First Name:

Middle Name(s):

Date of Birth: ___ Day _____ Month ___ Year Gender: Male Female

Relationship to Employee: _____ Attending Post-Secondary: Yes No N/A

Full Legal Name: (As it appears on your government identification used for travel)

Last Name:

First Name:

Middle Name(s):

Date of Birth: ___ Day _____ Month ___ Year Gender: Male Female

Relationship to Employee: _____ Attending Post-Secondary: Yes No N/A

Full Legal Name: (As it appears on your government identification used for travel)

Last Name:

First Name:

Middle Name(s):

Date of Birth: ___ Day _____ Month ___ Year Gender: Male Female

Relationship to Employee: _____ Attending Post-Secondary: Yes No N/A

Full Legal Name: (As it appears on your government identification used for travel)

Last Name:

First Name:

Middle Name(s):

Date of Birth: ___ Day _____ Month ___ Year Gender: Male Female

Relationship to Employee: _____ Attending Post-Secondary: Yes No N/A

Full Legal Name: (As it appears on your government identification used for travel)

Last Name:

First Name:

Middle Name(s):

Date of Birth: ___ Day _____ Month ___ Year Gender: Male Female

Relationship to Employee: _____ Attending Post-Secondary: Yes No N/A

Full Legal Name: *(As it appears on your government identification used for travel)*

Last Name:

First Name:

Middle Name(s):

Date of Birth: ___ Day _____ Month ___ Year Gender: Male Female

Relationship to Employee: _____ Attending Post-Secondary: Yes No N/A

Full Legal Name: *(As it appears on your government identification used for travel)*

Last Name:

First Name:

Middle Name(s):

Date of Birth: ___ Day _____ Month ___ Year Gender: Male Female

Relationship to Employee: _____ Attending Post-Secondary: Yes No N/A

Full Legal Name: *(As it appears on your government identification used for travel)*

Last Name:

First Name:

Middle Name(s):

Date of Birth: ___ Day _____ Month ___ Year Gender: Male Female

Relationship to Employee: _____ Attending Post-Secondary: Yes No N/A

Full Legal Name: *(As it appears on your government identification used for travel)*

Last Name:

First Name:

Middle Name(s):

Date of Birth: ___ Day _____ Month ___ Year Gender: Male Female

Relationship to Employee: _____ Attending Post-Secondary: Yes No N/A

Full Legal Name: *(As it appears on your government identification used for travel)*

Last Name:

First Name:

Middle Name(s):

Date of Birth: ___ Day _____ Month ___ Year Gender: Male Female

Relationship to Employee: _____ Attending Post-Secondary: Yes No N/A

I have read the Travel Policy and agree to its terms and conditions. I understand failure to follow the Travel Policy by ANYONE utilizing my privileges will result in the in the loss of all Travel Benefits.

Employee Signature: _____ Date: ___ Day _____ Month ___ Year

Note: Employees are responsible for advising Human Resources of any changes, including spouse and dependent status (births, deaths, post-secondary, etc.)

PLEASE INCLUDE ALL REQUIRED DOCUMENTATION WITH THIS FORM!



REQUIRED DOCUMENTATION

It is very important that all the proper documentation and/or paperwork be provided at the time you submit this form. Write n/a in any sections not applicable.

Please provide the following supportive documentation for Spouse:

*Copy of your marriage certificate

Please provide the following supportive documentation for Common Law Partner:

* Notarized Affidavit

Please provide the following supportive documentation for parents:

*Biological - Your birth certificate with parents names on it.

*Adoption - Legal adoption paperwork.

*Step-parent- Marriage certificate showing the marriage to your biological/adoptive parent.

Please provide the following supportive documentation for eligible children:

*Children (All ages) - His/her Birth Certificate.

*Children/Dependents (19-24 yrs of age & must be enrolled full time students) -His/her Birth Certificate plus full time school schedule (schedule must be turned in annually).

*Stepchildren- His/her Birth Certificate showing their relation to your spouse.

*Adopted Children- Legal adoption paperwork issued by the court.