

WRHA REQUEST FOR MEDICAL REMUNERATION ADDITIONS/CHANGES

FORM DESCRIPTION AND PURPOSE:

The purpose of this form is to provide the details required for redistributing funding or requesting new funding from Manitoba Health:

If, at any point, you have a question regarding the information requested on this form please email the: [Manitoba Health Workforce Secretariat](#)

DATE OF REQUEST: _____	RESPONSE REQUIRED BY: _____
PROGRAM: _____	SECTION: _____
SUBMITTED BY: _____	

SECTION 1: ISSUE/REQUEST

Summarize the issue including the **Reason, Purpose or Problem** that led to the need for this request.

Reason for Request: *(If more details are required then what will fit in this form, please attach in an appendix to this form.)*

Purpose or Problem: *(If more details are required then what will fit in this form, please attach in an appendix to this form.)*

SECTION 2: BACKGROUND/RATIONALE

Summarize the current **Status, Situation** and the **Rationale** for the proposal.

Current Status/Situation: *(If more details are required then what will fit in this form, please attach in an appendix to this form.)*

Rationale for Proposal: *(If more details are required then what will fit in this form, please attach in an appendix to this form.)*

SECTION 3: FINANCIAL IMPACT

State the financial impact of the proposal (i.e. Reallocation of Existing funds or Incremental funding) and identify the funding source.

Financial Impact: *(If more details are required then what will fit in this form, please attach in an appendix to this form.)*

Funding Source: *(If more details are required then what will fit in this form, please attach in an appendix to this form.)*

SECTION 4: PROGRAM IMPLICATIONS

What are the implications associated with either approving/implementing or not approving/implementing the request?

Approval Implications: *(If more details are required then what will fit in this form, please attach in an appendix to this form.)*

SECTION 5: ADDITIONAL COMMENTS

Please provide any additional comments to support this request.

Supporting Comments: *(If more details are required then what will fit in this form, please attach in an appendix to this form.)*

Please return completed form to [Manitoba Health Workforce Secretariat](#).