



Health Development and Training Fund



Salary Replacement Billing Form

(Employer must complete and return to PEI UPSE)

Send to: Cathy MacKinnon cmackinnon@peiupse.ca	
UPSE Health Development and Training Fund	
4 Enman Crescent, Charlottetown PE, C1E 1E6	
Phone: (902) 892-5335	Fax: (902) 569-8186

Employer: Health PEI	Department Name:
Your Department Account No.:	

Employee Name:	Employee No.
Workshop/Training:	Date(s): (dd/mm/yyyy)

Replacing Employee:	Class/status:	
Shift (Day/Evening/Night):	Number of Hours:	Hourly Rate:

Total Worked Cost (Number of hours X hourly rate) =	\$
Benefit Cost Plus 18.5% when applicable <i>(submit only when replaced by an employee with benefits)</i>	\$
Total Replacement Cost	\$

Date: _____ Manager's Approval _____ Phone No. _____

Date Received: _____	Pending: _____	Approved: _____
Cheque #: _____	Application #: _____	Not Approved: _____

UPSE office will submit cheque to: Health PEI