



Health Development and Training Fund



Salary Replacement Billing Form

(Employer must complete and return to PEI UPSE)

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|--|---------------------|
| Send to: PEI UPSE - peiupse@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