



# Health Development and Training Fund



## Salary Replacement Billing Form

(Employer must complete and return to PEI UPSE)

|   |                     |
|---|---------------------|
| Send to: Melissa Bruce - <a href="mailto:mbruce@peiupse.ca">mbruce@peiupse.ca</a> |                     |
| 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) |

|                            |                  |               |
|----------------------------|------------------|---------------|
| <b>Replacing Employee:</b> |                  | Class/status: |
| Shift (Day/Evening/Night): | Number of Hours: | Hourly Rate:  |

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

Date: \_\_\_\_\_ Manager's Approval \_\_\_\_\_ Phone No. \_\_\_\_\_

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

**UPSE office will submit cheque to: Health PEI**