



# 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 <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**