

P.E.I. NURSES' UNION
Salary Form (In Province and Out of Province)

NAME: _____ EMP.NO. _____

ADDRESS: _____

WORKSITE: _____ UNIT: _____

CLASSIFICATION / STEP: _____

PLEASE SPECIFY : IN PROVINCE: _____ OUT OF PROVINCE: _____

DATE(S) OF MEETING: _____

PLACE OF MEETING: _____

TYPE OF MEETING (Board, Executive, Specify Other): _____

NORMAL WORK HOURS FOR THE DAY OF MEETING (D, E, N, OFF) _____

NUMBER OF HOURS CHARGED TO PEI NURSES' UNION: _____

EMPLOYER TO BILL THE UNION FOR SALARY? YES _____ NO _____

DATE(S) OF LEAVE REQUESTED: _____

Please give this form to your Employer as they will submit this form with the salary invoice that they will remit to PEINU.

Member Signature (required)

Date

Executive Director/President's Signature (required)

Date

PEINU USE: EXPENSE CODE NUMBER (for accounting purposes): _____

PAID:
