

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

NAME: _____ EMP.NO. _____

EMAIL ADDRESS: _____
(required to email copy to member)

WORKSITE / UNIT: _____

CLASSIFICATION / STEP: _____

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

DATE(S) OF MEETING: _____ LOCATION: _____

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

Were you scheduled to work? If Yes, complete Section "A", If No, complete Section "B" on the reverse side of this form.

A) EMPLOYER TO BILL THE UNION FOR SALARY:

PLEASE SPECIFY 8 OR 12 HOUR SHIFTS AND
DAYS, EVENINGS OR NIGHTS (D, E, or N): _____

DATE(S) OF LEAVE: _____

TOTAL NUMBER OF HOURS CHARGED TO PEI NURSES UNION: _____

Member Signature (required)

Date

Executive Director/President's Signature (required)

Date

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

NAME: _____ EMP.NO. _____

FULL MAILING ADDRESS: _____
(required to mail cheque)

WORKSITE / UNIT: _____

CLASSIFICATION / STEP: _____

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

DATE(S) OF MEETING: _____ LOCATION: _____

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

B) PEINU STIPEND:

OFF HOURS OF MEETING: _____

SOCIAL INSURANCE NUMBER (**REQUIRED**): _____

TOTAL NUMBER OF HOURS CHARGED TO PEI NURSES' UNION: _____

TOTAL AMOUNT PAID TO MEMBER (*FOR OFFICE USE ONLY*): _____

Full Day	(7.5)	\$ 300.00
Half Day	(3.75)	\$ 150.00
Less than Half Day		\$ 75.00

Member Signature (required)

Date

Executive Director/President's Signature (required)

Date