

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

NAME: _____ EMP.NO. _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

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".

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: _____

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): _____

6hrs or more \$350.00 / 4hrs but less than 6hrs \$275.00 / 3.75hrs or less \$125.00

Member Signature (required)

Date

Executive Director/President's Signature (required)

Date