

## **NSNU Salary Replacement and Expense Form**

If you have attended an event for Union business and your salary is to be replaced/ any expenses to be claimed, please complete the following form. Salary replacement forms may be submitted via email to Accounts Payable (cindy.macphee@nsnu.ca). SIN and DOB are required for payroll purposes and are only required the first time you submit a form.

Name	DOB					Classification (e.g. RN2)								
Email		Phone	e	Year on Scale (e.g.Year										
Facility	Base Hourly Rate													
Home Address	Address Line 1	Province Postal Code			Code	SIN								
If you are on a day off (un  If you travel more than 10	paid or vacation), you v	will receive sa	lary replace be paid consored fun n 300 km to	ment and ex by NSNU, pl ction, and th a meeting, a	penses from N ease include the is travel time is nd give up a d	ISNU. If you he length or s not covere ay shift end	are on a the shift the shi	leave of abse that you miss salary continu pm to travel	ence (LOA) y ed here. uation or replator to or from th	acement hours	already bei	ng claimed, y		
			_		nt to fill out al				<u>e.</u>			_		•
Event	Date(s)	Day Off or LOA?	Length of Event or shift (Hrs)	One Way Travel – (Hrs)	X+Y=Z Total Hours Claimed (Hrs)	Number of KM's Driven	Rate per KM	AxB=C  Total KM (\$)	Meals			Other	C+D+E	Spon-
									Breakfast (\$14.00)	Lunch (\$20.00)	Supper (\$35.00)	(attach receipts) (\$)	Total Exp (\$)	sored by your Local? *(Y/N)
							\$0.58							
							\$0.58							
							\$0.58							
							\$0.58							
							\$0.58							
Total of all Hours						Total of all Expenses (\$)								
	OFFICE USE	ONLY			*	f any of the	above e	vents were s	ponsored b	y your Local,	please obta	in the follow	ving signatu	res:
						Local Executive Signature Local Executive Signature							jnature	
								I certify	the informa	tion provided	to be corre	ct:		
									Memb	per Signature				