



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 _____ Year on Scale (e.g. Year 5) _____

Facility _____ Base Hourly Rate _____

Home Address _____ SIN _____

Address Line 1

City

Province

Postal Code

If you are on a day off (unpaid or vacation), you will receive salary replacement and expenses from NSNU. If you are on a leave of absence (LOA) your employer will continue your salary and your expenses will be paid by NSNU, please include the length or the shift that you missed here.

If you travel more than 100 km (one way) to attend a Union sponsored function, and this travel time is not covered by the salary continuation or replacement hours already being claimed, you may claim the one way travel time. If you travel more than 300 km to a meeting, and give up a day shift ending after 3 pm to travel to or from the meeting, you can include this below.

It is important to fill out all the fields below where possible.

Event	Date(s)	Day Off or LOA?	<i>X</i>	<i>Y</i>	<i>X + Y = Z</i>	<i>A</i>	<i>B</i>	<i>A x B = C</i>	<i>D</i>			<i>E</i>	<i>C + D + E</i>	Spon- sored by your Local? *(Y/N)
			Length of Event or shift (Hrs)	One Way Travel – (Hrs)	Total Hours Claimed (Hrs)	Number of KM's Driven	Rate per KM	Total KM (\$)	Meals			Other (attach receipts) (\$)	Total Exp (\$)	
							\$0.59		Breakfast (\$14.00)	Lunch (\$20.00)	Supper (\$35.00)			
							\$0.59							
							\$0.59							
							\$0.59							
							\$0.59							

Total of all Hours

Total of all Expenses (\$)

OFFICE USE ONLY

***If any of the above events were sponsored by your Local, please obtain the following signatures:**

Local Executive Signature

Local Executive Signature

I certify the information provided to be correct:

Member Signature