



# UPSE Health Development and Training Fund Application Form



## Salary Replacement Billing Form

(Employer must complete and return to PEI UPSE Office)

**Return to:**  
**Temporary Fund Administrator, Cathy MacKinnon (cmackinnon@peiupse.ca)**  
**UPSE Health Development and Training Fund**  
**4 Enman Crescent, Charlottetown PE, C1E 1E6**  
**Phone: (902) 892-5335 Fax: (902) 569-8186**

Employer: <b>Health PEI</b>		Department Name:	
Your Department Account No.:			
Employee Name:		Employee No.	
Workshop/Training:		Date(s): (dd/mm/yyyy)	
<b>Replacing Employee:</b>		Class/status:	
Shift (Day/Evening/Night):	Number of Hours:		Hourly Rate:
<b>Total Worked Cost</b> (Number of hours X hourly rate) =			\$
<b>Benefit Cost</b> Plus 18.5% when applicable <b>(submit only when replaced by an employee with benefits)</b>			\$
<b>Total Replacement Cost</b>			\$

Date: \_\_\_\_\_ Manager's Approval \_\_\_\_\_ Phone No. \_\_\_\_\_

Date Received: \_\_\_\_\_ Pending: \_\_\_\_\_ Approved: \_\_\_\_\_  
 Cheque#: \_\_\_\_\_ Application #: \_\_\_\_\_ Not Approved: \_\_\_\_\_

**UPSE office will submit cheque to: Health PEI**