



UPSE Health Development and Training Fund Application Form



Salary Replacement Billing Form

(Employer must complete and return to PEI UPSE Office)

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

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

Date: _____ Manager's Approval _____ Phone No. _____

Date Received: _____ Pending: _____ Approved: _____
 Cheque#: _____ Application #: _____ Not Approved: _____

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