

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

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NAME: \_\_\_\_\_ EMP.NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WORKSITE: \_\_\_\_\_ UNIT: \_\_\_\_\_

**PLEASE SPECIFY :** IN PROVINCE: \_\_\_\_\_ OUT OF PROVINCE: \_\_\_\_\_

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DATE(S) OF MEETING: \_\_\_\_\_

PLACE OF MEETING: \_\_\_\_\_

TYPE OF MEETING/PURPOSE (Board, Executive, Specify Other): \_\_\_\_\_

CLASSIFICATION / STEP: \_\_\_\_\_

NORMAL WORK HOURS FOR THE DAY OF MEETING (D, E, N, OFF) \_\_\_\_\_

NUMBER OF HOURS CHARGED TO PEI NURSES' UNION: \_\_\_\_\_

EMPLOYER TO BILL THE UNION FOR SALARY? YES \_\_\_\_\_ NO \_\_\_\_\_

DATE(S) OF LEAVE REQUESTED: \_\_\_\_\_

\_\_\_\_\_  
*Member Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Executive Director's signature*

\_\_\_\_\_  
*Date*

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**PEINU USE:**

**PAID:**

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***Please give this form to your Employer to submit with the salary bill that they will remit to PEINU.***