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Salary Replacement Form

If you have attended an event for Union business and your salary is to be replaced please complete the following form. Salary replacement forms may be sent via fax or mail, or scanned and e-mailed with attention to Accounts Payable. Please note that your SIN and DOB are required for payroll purposes, and are only required the first time you submit a form.

Name: _____ Classification: _____ Hourly Rate: _____

SIN: _____ Date of Birth: _____

Facility: _____

Home Address: _____

City Province Postal Code

Home Phone Work Phone Cell Phone Email

Purpose of Union Business – Please complete the following:

Event	Date (dd/mm/yy)	Please check one	Is this event sponsored by your Local?
		<input type="checkbox"/> Day Off <input type="checkbox"/> Vacation <input type="checkbox"/> Lieu <input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Day Off <input type="checkbox"/> Vacation <input type="checkbox"/> Lieu <input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Day Off <input type="checkbox"/> Vacation <input type="checkbox"/> Lieu <input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Yes <input type="checkbox"/> No

If this event was sponsored by your Local, please obtain the following signatures:

Local Executive Signature

Local Executive Signature

If you used a **Day Off, Vacation, or Lieu** please complete the following for direct pay from NSNU:

Date of Event	Length of Event	One Way Travel		Total Hours
		Kms	Hrs	

If you used a **Leave of Absence**, and your employer is continuing your salary, please complete the following:

Date of Shift	Length of Shift Claimed (Total Hours)

Will your employer bill the NSNU? Yes No

Office Use Only

I certify the information provided to be correct: _____

Member Signature