

**ONTARIO NURSES ASSOCIATION
LOCAL 055 Site: _____
SALARY REPLACEMENT FORM**

Member Name _____
Member Address: _____

City: _____
Postal Code: _____
Phone Number: _____

Invoice / Reference # _____
 (Local Treasurer use only)
Date Submitted: _____

Operating Account _____
Discretionary account _____
TD1 and TD1ON forms must be submitted before payment is made
Member Salary must be on a separate sheet than Employer Salary

| | | |
|---------------------------------|------------------|-----------------|
| Circle ONE from each row | | |
| Pay To: | Member | Employer |
| Position: | Full Time | Part Time |
| TD1 Forms: | On File | Attached |

Employer Name _____
 _____ % _____ \$
Hourly Rate _____
% Vacation _____
% In Lieu _____
% Benefits _____
Total Hourly Rate _____

| Date | No. of Hours | Total Gross | Reason | Account Code (Local Treasurer use only) |
|-------------|---------------------|--------------------|---------------|--|
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Totals: _____

Member's Signature: _____
Date: _____

Authorizing Signature: _____
Date: _____

Authorizing Signature: _____
Date: _____

Date Paid: _____

Cheque Number: _____