

**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**

<b>Circle ONE from each row</b>		
<b>Pay To:</b>	<input checked="" type="checkbox"/> <b>Member</b>	Employer
<b>Position:</b>	<input checked="" type="checkbox"/> <b>Full Time</b>	Part Time
<b>TD1 Forms:</b>	<input checked="" type="checkbox"/> <b>On File</b>	Attached

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

<b>Date</b>	<b>No. of Hours</b>	<b>Total Gross</b>	<b>Reason</b>	<b>Account Code (Local Treasurer use only)</b>

**Totals:** \_\_\_\_\_

**Member's Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Authorizing Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Authorizing Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_

**Cheque Number:** \_\_\_\_\_