Health PEI

PEINU EDUCATION FUND COMMITTEE
EMPLOYER SALARY REIMBURSEMENT WORKSHEET

Education Fund Committee
10 Paramount Dr Charlottetown, PE C1E 0C7
Email: EdFund@peinu.com
Copy to: dohinquiries@ihis.org

Worksite: **Month & Year:**

Name of Employee (include cost centre) e.g Jane Doe 0004-301-711950000	Name of Workshop	Date of Workshop	Date of actual Replacement	Status (PFT, PPT, Temp, Casual)	Number Of Hours	Rate of Pay	Benefits @ 22.6 %	Shift Differential	W/E Premium	Total
Total Claim										

Prepared by: **Telephone No.:** **Date:**

Make Cheques Payable to: **Health PEI**
PO Box 6600 Charlottetown,
PE C1A 8T5