

**ONTARIO NURSES ASSOCIATION  
LOCAL 49  
SALARY REPLACEMENT FORM**

**Member Name** \_\_\_\_\_  
**Member Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Postal Code:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Invoice / Reference #**  
 (Local Treasurer use only) \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

Circle ONE from each row		
<b>Pay To:</b>	Member	Employer
<b>Position:</b>	Full Time	Part Time
<b>TD1 Forms:</b>	On File	Attached

**TD1 and TD1ON forms must be submitted before payment is made  
 Member Salary must be on a separate sheet than Employer Salary**

<b>Employer Name</b>	_____		
	<table> <tr> <td align="center">%</td> <td align="center">\$</td> </tr> </table>	%	\$
%	\$		
Hourly Rate	_____ -		
% Vacation	_____ -		
% In Lieu	_____ -		
% Benefits	_____ -		
<b>Total Hourly Rate</b>	_____ -		

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

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

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

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

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

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

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