

Payment Calculation Form Local Union Business Leave Employees represented by the Public Service Alliance of Canada only (PSAC/UPCE)		
To be completed by the Employee		
Employee name (print):	ID	
Work Location:	Tel #:	
Status (place an "X" where applicable): if Part Time, also indicate your regular scheduled hours per week. Full Time [] 37.5 h/week; Full Time - FI only [] 36.25 h/week; Part Time [] how many scheduled hours per week: [] (A)		
Gross annual salary \$ _____ (B)		
Employee Signature:		Date:
Instructions to the Employee: 1. Complete the "Employee" section of this form. Note: please communicate with your divisional Payroll and Benefits representative if salary information is needed. 2. Forward, or "hand deliver" this form to the Local Union.		
To be completed by the Local Union Office:		
Date of Absence: (Format: DD/MM/YY)	From ___/___/___ # of days: _____ To ___/___/___; Total hours: _____ (C)	Dividing Factor (D): All Employees except FI's: 1956.6 ; Employees in the FI category only 1891.4
Calculation of Payment: Gross Annual Salary: _____ (B) Divide by factor (÷) _____ (D) = Hourly Rate of Pay _____ (F) multiply the total hours of Local Union Business Leave _____ (C) by the Hourly Rate of Pay _____ (F) the result is the payment owed to CPC = _____ (G)		
Note: An additional 30% charge is applicable if the employee has worked less than ten(10) days in a month on account of this leave.		
Amount owed to CPC per (G) above:	\$ _____ (G)	
Plus additional 30% (multiply (G) by 30%)	\$ _____ (H)	
Total amount payable to Canada Post Corporation (G+H)	\$ _____ (I)	
Local Union Representative's Name (print) and Signature:		
Tel.# ()	Name:	Date:
Directives à l'intention du bureau de la section locale : <ol style="list-style-type: none"> 1. Complete the "Local Union" section of this form, calculating the amount owed to CPC. 2. It is important that a payment be made promptly to avoid a deduction on the employees pay. 3. This fully completed form must accompany the cheque. 		
Instructions to the Supervisor: <ol style="list-style-type: none"> 1. The team lead must ensure that the information transmitted to Payroll and benefits for processing is verified and accurate. 2. The team lead must sign and date this form to confirm the Union Billed leave approval. 		
Supervisor's Name and Signature:		
Tel.# ()	Date:	