



## WAGE LOSS REIMBURSEMENT FORM

**Wage loss is taxable, pensionable and insurable. Wage loss will be paid only for the time lost from a NAPE Employer from which the member was required to take time off.**

FULL NAME: \_\_\_\_\_ SIN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ LOCAL #: \_\_\_\_\_

POSITION IN ASSOCIATION: \_\_\_\_\_

LEAVE USED: UNPAID \_\_\_\_\_ VACATION \_\_\_\_\_ OTHER \_\_\_\_\_

### **DETAILS OF CLAIM**

(Outline in detail the circumstances on which your claim is based: time, the date(s) on which you lost wages and the amount lost.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the amount claimed herein represents the actual amount deducted from my wages/leave by my Employer for the date(s) shown and relates solely to approved Association business.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLAIMANT SIGNATURE

**IMPORTANT THAT ALL INFORMATION BE COMPLETED AS A T-4 WILL BE ISSUED AT YEAR END.**

| <b>TO BE COMPLETED BY EMPLOYER:</b>                      |                 |
|--|-----------------|
| Date(s) for which wages lost or leave deducted:<br>_____ |                 |
| \$ _____   | (Dollar Amount) |
| Payroll/Departmental Official Signature<br>_____         |                 |
| Name of Employer<br>_____                                |                 |

| <b>UNION USE ONLY</b> |       |
|-----------------------|-------|
| Total Wages Lost:     | _____ |
| Income Tax:           | _____ |
| C.P.P.:               | _____ |
| E.I.:                 | _____ |
| TOTAL Paid:           | _____ |

**PLEASE COMPLETE ALL INFORMATION REQUESTED**