



UNION OF SAFETY AND JUSTICE EMPLOYEES

**Please fill in this form for Salary or Honorarium reimbursement**

**Salary for PSAC Course** (Not paid by PSAC or the Employer).

**Local salary** (An invoice will be sent to the local for payment).

**Local honorarium** (An invoice will be sent to the local for payment).

NAME: \_\_\_\_\_ SIN: \_\_\_\_\_ \*REQUIRED\*

ADDRESS: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_  
CITY, PROV, POSTAL CODE: \_\_\_\_\_ LOCAL #:

PERIOD OF CLAIM: From: \_\_\_\_\_ To: \_\_\_\_\_, 2026

COMPENSATION  
Daily rate @ \_\_\_\_\_ /day \_\_\_\_\_  
Total

Total Tax Deductions: ( \_\_\_\_\_ )

BALANCE DUE TO CLAMAINT  
BALANCE DUE TO USJE

SIGNATURE : \_\_\_\_\_ Date: \_\_\_\_\_, 2026

APPROVED BY PRESIDENT AND/OR TREASURER: \_\_\_\_\_  
Full Name Signature

# CHEQUE: \_\_\_\_\_ DATE OF CHEQUE : \_\_\_\_\_, 2026