

CLAIMANT SALARY INFORMATION

NAME _____ **PSACID** _____ **LOCAL NUMBER** _____

(Please print or type)

SIN _____ **EMPLOYER** _____

HOME ADDRESS _____

HOME PHONE _____

BUSINESS PHONE _____

E-MAIL ADDRESS _____

1. Standard

Group _____ Annual Salary _____

Level _____ Daily Salary _____

Step _____ Hourly Salary _____

Bilingual Bonus _____ IPA _____ Hourly _____ Yearly _____

2. Teachers Only (ED Group)

Number of years of teaching experience _____

If you are a principal or assistant principal, please indicate the number
of teachers in your school _____

Please check 10 -month pay period _____ or 12-month pay period _____

Group _____ Annual Salary _____

Level _____ Daily Salary _____

Specialist Allowance _____ Bilingual Bonus _____

IPA _____ Hourly _____ Yearly _____

3. GLT or GS Group

Sub Group _____ Daily Salary _____

Level _____ Hourly Salary _____

Zone _____ Bilingual Bonus _____

Super. (diff) _____ Shift Premium _____

Weekend Premium _____ First Aid Allowance _____

IPA _____ Hourly _____ Yearly _____

4. Separate Employer

Group _____ Annual Salary _____

Level _____ Daily Salary _____

Step _____ Hourly Salary _____

Shift Premium _____ Bilingual Bonus _____

Weekend Premium _____ IPA _____ Hourly _____ Yearly _____

Claimant's Signature

Date