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| **Remboursement de salaire / Honoraire** | | | | | | | | | |  |
| Veuillez remplir le formulaire suivant pour un remboursement de salaire.  Une facture sera envoyée à la section locale. (\*Pas pour les cours de fin de semaine de l’AFPC) | | | | | | | | | |  |
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| **NOM**: |  | | | |  | **NAS :** |  | | |  |
|  |  |  |  | (Si le salaire est payé, vous devez fournir votre N.A.S.) | | | | | |  |
|  |  |  |  |  |  |  |  |  | |  |
| **ADRESSE:** | |  | | |  | **CLASSIFICATION:** | |  | |  |
| **VILLE, PROV, CODE POSTAL:** | |  | | |  | **NO. SECTION LOCAL:** | |  | |  |
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| **PÉRIODE DE RÉCLAMANTION** | | **De:** |  | | **À:** |  | | , 2020 | |  |
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| **RÉMUNÉRATION** | |  |  |  |  |  |  |  | |  |
|  | **Taux quotidien @** |  | **/jour** | **Total:** |  |  |  |  | |  |
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| **APPROVÉ PAR PRÉSIDENT ET OU TRÉSORIER-E (Nom et Signature):** | | | | | | | | | |  |
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| **USJE E-FORM WAGES- 2020** | | |  |  | Espaces en gris ***–*Pour Bureau National** | | | | | |