

**PAID EDUCATION LEAVE
STUDENT**

50/50 FUNDING? YES	H&S TRAINING FUNDING? YES
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Course: _____
Date: _____

115 Shipley Ave. Port Elgin ON N0H 2C5
Phone: 1-800-265-3735 Fax: 519-389-3845

SIN: (For Payroll & Expenses) _____
 FIRST NAME _____
 LAST NAME _____
 ADDRESS _____
 CITY _____
 PROVINCE _____
 POSTAL CODE _____
 SMOKER YES _____ NO _____
 (Unifor Family Education Centre is a completely smoke free facility. This question is only to assist in assigning a roommate.)
 Special requirements: i.e. handicapped room, diet, medical, etc. YES _____ NO _____
 If so, what? _____

LOCAL _____ UNIT# _____
 EMPLOYER _____
 EMPLOYEE CLOCK # _____ DEPT. _____
 PHONE (HOME) (____) _____
 PHONE (CELL) (____) _____
 Email (Print clearly) _____
 Date of Birth (mm/dd/yy) ____/____/____
 GENDER _____
 Emergency Contact _____
 Emergency Phone (____) _____
 ROOMATE REQUEST _____

ARE YOU ABORIGINAL OR PERSON OF COLOUR ? YES _____ NO _____
 As part of our Union's commitment to ensure that we better reflect the diversity of our membership at all levels within the Union, we ask that you answer the above question so we can track participant.

IF ON SALARY CONTINUATION MARK AN ✓ IN THE BOX AND COMPLETE THE PAYROLL SECTION (if you are being paid by the employer this week) S/C

\$ _____ + \$ _____ = \$ _____
 Current Wage Rate COLA Total Hourly Rate As of Date _____
 \$ _____ \$ _____ \$ _____
 Aft. Shift Rate Night Shift Rate Other Hours per pay period
 *If vacation pay is included in your regular pay (as per your collective agreement), enter percentage here _____ %
 Skilled Trades? Yes _____

Current Pay Stub MUST be Attached

Expected Rate Change (when) _____ How much? _____
 Applicant signature _____ Date Completed _____
 Local Union Verification _____ (Signature)
 _____ (Print Name)
 _____ (Title)

APPLICANTS CANNOT APPROVE THEIR OWN PAYROLL/EXPENSE FORM, MUST BE SIGNED BY THE PRESIDENT, FINANCIAL SECRETARY OR CHAIRPERSON OTHER THAN ONESELF.

PAID EDUCATION LEAVE APPLICATION

Member's Name: _____

Workplace: _____ Dept: _____

Master/E.E. # _____ Seniority: _____ Shift # _____

Representatives Name: _____

Have you ever attended a CAW/Unifor Conference/course in Port Elgin? Please list:

Do you attend general membership meetings?

Do you participate in Local Union activities (ie. Standing Committees, Recreational events)?
Please outline.

Do you volunteer in other areas outside the workplace - (ie. coach, counsel, fundraise, other organizations)? Please outline.

