



Unifor Family Education Centre  
115 Shipley Ave.  
Port Elgin, ON N0H 2C5  
T: 1-800-265-3735  
[pel@unifor.org](mailto:pel@unifor.org)

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_

PEL Funds ☐ Alternate Funding ☐ HSTF ☐

## PAID EDUCATION LEAVE (PEL) STUDENT APPLICATION FORM

### PERSONAL INFORMATION

SIN (for payroll and expenses): \_\_\_\_\_

Local Union No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_ Employer: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

Smoker? No ☐ Yes ☐

*(The Unifor Family Education Centre is a smoke-free facility. This question is only to assist in assigning a roommate.)*

Roommate request: \_\_\_\_\_

### ADDITIONAL REQUIREMENTS

Accessible Room? No ☐ Yes ☐ Specific accessibility need: \_\_\_\_\_

Food Allergies? No ☐ Yes ☐ Please identify your allergy: \_\_\_\_\_

Is your allergy: Airborne? ☐ or Ingested only? ☐ Do you carry an EpiPen? No ☐ Yes ☐

Special dietary request(s) due to medical issues or religion (i.e. Halal): \_\_\_\_\_

Do you identify as First Nations, Métis, Inuit or as a person of colour? No ☐ Yes ☐

*(As part of our Union's commitment to ensure 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 participation.)*

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## PAYROLL

Are you under wage continuation? No ☐ Yes ☐ (You will be paid by your Employer for this week as usual.)  
**(If you selected NO, please complete the payroll section below.)**

Are you a: Full-time worker? ☐ Part-time worker? ☐

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Current Wage Rate COLA Total Hourly Rate As of Date

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Afternoon Shift Rate Night Shift Rate Other Hours per pay period

Date of Expected Rate Change: \_\_\_\_\_ New Rate: \_\_\_\_\_

If vacation pay is included in your regular pay (as per your Collective Agreement), please enter the percentage amount here \_\_\_\_\_ %.

Skilled Trades? No ☐ Yes ☐

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date completed

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## LOCAL UNION VERIFICATION

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

*(Applicants cannot approve their own payroll/expense form. This form must be signed by the Local Union President, Secretary-Treasurer or Chairperson other than oneself.)*