



Unifor Family Education Centre  
(FEC)  
115 Shipley Ave.  
Port Elgin, ON N0H 2C5  
T: 1-800-265-3735  
F: 519-389-3845  
pel@unifor.org

Course Name: \_\_\_\_\_  
Course Date: \_\_\_\_\_  
PEL Funds  50/50  HSTF

## PAID EDUCATION LEAVE (PEL) - STUDENT APPLICATION FORM

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

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

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

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

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

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Emergency contact phone number: \_\_\_\_\_

Smoker? Yes  No  (Unifor Education Centre is a smoke free facility. This question is only to assist in assigning a roommate.)

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

### ADDITIONAL REQUIREMENTS

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

Allergies? Yes  No  If yes, please identify your allergy: \_\_\_\_\_

Allergy is: AIRBORN      INGESTED      Do you carry an EpiPen? Yes  No

Special dietary requests due to medial issues or religion (i.e. Halal): \_\_\_\_\_

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

*(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.)*

Are you comfortable having Daily Housekeeping Service? Yes  No

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## PAYROLL

Are you under **salary continuation**? Yes  No  (Your employer is paying you as usual this week), if so mark an "X" in the payroll section.

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

\*If vacation pay is included in your regular pay (as per your collective agreement), please enter the percentage amount here \_\_\_\_\_%

Skilled Trades? Yes  No

Expected Rate Change (when) \_\_\_\_\_ How much? \_\_\_\_\_

\_\_\_\_\_  
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.