

**PAID EDUCATION LEAVE  
STUDENT**

<b>50/50 FUNDING? YES</b>	<b>H&amp;S TRAINING FUNDING? YES</b>
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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 (\_\_\_\_\_) \_\_\_\_\_  
 ROOMMATE 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 \_\_\_\_\_

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.**