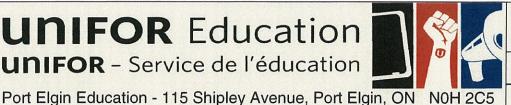
## ALL INFORMATION NEEDS TO BE COMPLETED

## **UNIFOR** Education UNIFOR - Service de l'éducation

Fax: 519-389-3845

Phone: 1-800-265-3735



e-mail: pel@unifor.org

STUDENT APPLICATION FORM

Course Name:

Course Date:

PEL Funding? Yes I No I 50/50 Funding? Yes | No | H&S Training Fund? Yes - No -

Hours per pay period

Yes

SIN: (For Payroll & Expenses)	Local Unit# Employer
Last Name:	Employee Clock # Dept
City:	Phone (Home) () Phone (Cell) ()
Province: Postal Code :	Email (Print clearly)
Smoker: Yes No (Unifor Education Centre is a completely smoke free facility. This question is only to assist in assigning a roommate.)	Date of Birth (mm/dd/yy)/
Special requirements: Accessible room? Y/N Allergies? Y/N Airborn or Ingested?	Emergency Contact
Do you carry an Epipen? Y/N Special Dietary Requests due to Medical Issues or Religion such as Hallal	Emergency Phone ()
	Roomate Request:
ARE YOU ABORIGINAL OR PERSON OF COLOUR?  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 participation.	
ARE YOU UNDER SALARY CONTINUATION YES   NO   (YOUR EMPLOYER IS PAYING YOU AS USUAL THIS WEEK), IF SO MARK AN "X" IN PAYROLL SECTION ARE YOU A: FULL TIME WORKER? OR PART TIME WORKER?	
\$ + \$ = \$ Total	I Hourly Rate As of Date

Date Completed Applicant signature **Local Union Verification:** 

Other

Skilled Trades?

Expected Rate Change (when)

How much?

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

Print Name: ...... Title: .....

Night Shift Rate

\*If vacation pay is included in your regular pay

(as per your collective agreement), enter

percentage here %

Aft. Shift Rate