

Port Elgin Education STUDENT Form 115 Shipley Ave. Port Elgin, ON N0H 2C5	50/50 Funding? YES	H&S Training Fund? YES	Course: _____ Date: _____
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 _____ <small>(Unifor Family Education Centre is a completely smoke free facility. This question is only to assist in assigning a roommate.)</small> Special Requirements: i.e. handicapped room, diet, medical, etc. Yes _____ No _____ If so, what? _____ _____	Local _____ Unit# _____ Employer _____ Employee Clock _____ Dept. _____ Phone (Home) (_____) _____ Phone (Cell) (_____) _____ Gender _____ Emergency Contact _____ Emergency Phone (_____) _____ Roommate Request _____
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ARE YOU ABORIGINAL OR A 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 participation.

IF ON SALARY CONTINUATION, MARK AN "X" IN THE PAYROLL SECTION (if you are being paid by the employer this week)

ARE YOU A: FULL TIME WORKER? _____ OR PART TIME WORKER _____

\$ _____	+	\$ _____	=	\$ _____	_____
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 the percentage here: _____

Expected Rate Change (when) _____ How much? _____

Skilled Trades? YES _____ NO _____

Applicant Signature: _____ **Date Completed:** _____

LOCAL UNION VERIFICATION
 Signature _____
 Print _____ Title _____

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

Car Rental Needed:

Please explain why you want to take this education, how it will benefit you and/or the Union.

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

Date Reviewed by Committee

Accepted by Committee

Declined by Committee

Reason for Decision

Committee Person Signature

Time Off Request Sent

Time Off Approved

Did He/She Attend