



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.)

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

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.