Unifor Family Education Centre
115 Shipley Ave.
Port Elgin, ON N0H 2C5
T: 1-800-265-3735
pel@unifor.org

Course Name: _____

Course Date: _____

PEL Funds ☐ Alternate Funding ☐ HSTF ☐

PAID EDUCATION LEAVE (PEL) STUDENT APPLICATION FORM

PERSONAL INFORMATION

SIN (for payroll and expenses): _____

Local Union No.: _____ Unit No.: _____ Employer: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Cell Phone: _____ Email: _____

Date of Birth (MM/DD/YYYY): _____ Gender: _____

Emergency Contact: _____ Emergency Contact Phone #: _____

Smoker? No ☐ Yes ☐

(The Unifor Family Education Centre is a smoke-free facility. This question is only to assist in assigning a roommate.)

Roommate request: _____

ADDITIONAL REQUIREMENTS

Accessible Room? No ☐ Yes ☐ Specific accessibility need: _____

Food Allergies? No ☐ Yes ☐ Please identify your allergy: _____

Is your allergy: Airborne? ☐ or Ingested only? ☐ Do you carry an EpiPen? No ☐ Yes ☐

Special dietary request(s) due to medical issues or religion (i.e. Halal): _____

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

(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 wage continuation? No ☐ Yes ☐ (You will be paid by your Employer for this week as usual.)
(IF you selected NO, please complete the payroll section below.)

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

Date of Expected Rate Change: _____ New Rate: _____

If vacation pay is included in your regular pay (as per your Collective Agreement), please enter the percentage amount here _____ %.

Skilled Trades? No ☐ Yes ☐

_____ _____
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.)