ATTENTION

Enclosed you will find an application form for applying to all Unifor Education Centre/Paid Education Leave programs in Port Elgin.

Please take the time to copy this application form and distribute to all of your units, so we can eliminate old versions, which do not contain all of the relevant information needed.

> **Also, review the application before submitting to ensure that ALL AREAS are complete including the address, postal code, wages, rooming requests, special requirements, etc. This would assist us immensely.**

In solidarity,
Unifor Education Department Support Staff

jccope343/Attention.docx

Port Elgin Education **STUDENT** FORM 115 Shipley Ave. Port Elgin ON N0H 2C5	50/50 Funding? YES	H&S Training Fund? YES	Course:_____
	Phone 1-800-265-3735	FAX 519-389-3845	Date: _____

SIN: (For Payroll & Expenses) ____ ____ ____

First Name: _____

Last Name: _____

Address: _____

_____

City: _____

Province: _____ Postal Code : _____ _____

Smoker:　　Yes _____　　　No _____
(Unifor 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　(____) _____

Roomate 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 participation.

IF ON SALARY CONTINUATION, MARK AN X IN 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 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.