UNIFOR Education

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

KNOW YOUR RIGHTS!

EDUCATE   EMPOWER   ACT

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: _____

Please circle: AIRBORN or 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.)

Are you comfortable having Daily Housekeeping Service?   Yes ☐   No ☐

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.