

January 13, 2026

TO: Unifor Local Union Presidents, Recording Secretaries, & Plant Skilled Trades
Chairpersons (GM/Ford/Chrysler/General Dynamics/Bombardier/Cami/)

UNIFOR SKILLED TRADES UNION EDUCATION PROGRAM - **UPDATED******

June 22-26, 2026

FAMILY EDUCATION CENTRE PORT ELGIN, ONTARIO

Greetings!

This will announce the **updated session (Phase V)** of the Skilled Trades Union Education Program.

We welcome all Skilled Trades to attend the **UPDATED UNIFOR STUEP** program. Everyone is eligible to attend whether or not they have taken Phase I, Phase II, Phase III or Phase IV.

Lost time and expenses will be paid by the Unifor Skilled Trades Union Education Program Fund. Please find enclosed the **Lost Time Form and the Child Care Subsidy Form (if necessary)**. The Lost Time Form serves as your registration and must be filled in completely i.e. SIN number, birth dates etc.

All forms should be returned by EMAIL to Madison.yourth@unifor.org at the Family Education Centre and not the National Office.

Please note that all participants will have shared accommodations.

REGISTRATION DEADLINE IS MAY 8, 2026

When **ALL COMPLETED** forms have been received, each participant will receive confirmation **through their locals and by a personal email.**

In Solidarity,

Robin Fairchild Clennell
Director, Education Department

Encl: Information Pkg, Lost Time, Child Care Subsidy, Rooming Request
(Please send all forms to the Family Education Centre- Madison Yourth)

cc: L. Payne, S. Wark, J. Breslin, D. Lacey, D. Chiodo, A. DiCaro, M. Brennan, J. Coles, J. Gale, J. Wong, K. Anderson, P. Renaud



Course: _____
Date: _____



**SKILLED TRADES UNION EDUCATION PROGRAM
LOST TIME WAGE VERIFICATION FORM**
R.R.#1, Port Elgin, Ontario NOH 2C5
Phone: 519-389-3215 / 1-800-265-3735 Fax: 519-389-3845

PLEASE PRINT CLEARLY

SIN: (For Payroll/Expenses) _____ **LOCAL :** _____ **UNIT:** _____

Given Name: _____ **UNIT/COMPANY NAME:** _____

Preferred Name: _____ **Phone (Res.): (_____)** _____

Last Name: _____ **Phone (Cell): (_____)** _____

Address: _____ **Date of Birth (mm/dd/yyyy):** _____

City: _____ **Clock #** _____ **Dept.** _____

Province: _____ **Gender: Please circle** **Male** **Female**

Postal Code: _____ **Emergency Contact:** _____

Email address: _____ **Phone:** _____

Smoker: Please circle **Yes** **No** **Roommate Request:** _____

IF ON SALARY CONTINUATION DO NOT COMPLETE (If you continue to receive salary directly from employer)

Current Lost Time Rate: \$ _____ (AS OF (Date) _____) **+ COLA:** \$ _____ **= Total Hourly Rate:** \$ _____

Expected Rate Change: (when) _____ **How Much:** \$ _____

Hours/Pay Period: _____ **Aft. Shift Rate:** \$ _____ **Night Shift Rate:** \$ _____

Skilled Trades? Please circle **Yes** **No** **Vacation Pay Percent (if applicable):** _____ %
Only required if any Loss of Vacation While Attending the Program

Changes in hourly rate will not be made without verification from pay stub or Local Union. We encourage direct deposit to avoid postal delay - Please attach a void cheque.

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

Local Union Verification: _____ (signature)
_____ (print name)
_____ (Title: President, Financial Secretary or Chairperson)



SKILLED TRADES UNION EDUCATION ROOMING REQUEST

Due to space limitations in Port Elgin you will be sharing your room. If you have a preferred rooming partner, please fill out the following form or a rooming partner will be automatically assigned for your stay.

Course Date: _____
Participant's Name: _____
Local: _____
Rooming Partner: _____

Thank you for your attention to this matter please return this form with your wage verification form.

**PLEASE E-MAIL TO Madison.yourth@unifor.org IN ADVANCE OF
COURSE DATES**



UNIFOR SKILLED TRADES UNION EDUCATION CHILD CARE SUBSIDY FORM



Student Name: _____

Local: _____ Unit/Company: _____

Course & Date: _____

****Note** We only provide Financial Assistance for Additional Expenses over and above what you normally pay for child care during the week.**

Name of Child	Birth Date
_____	_____
_____	_____
_____	_____
_____	_____

Educational Programs

a) Normal daily child care expense \$ _____

b) Additional daily child care expense \$ _____

Reason for Claim: _____

Student Signature: _____

WE HEREBY AUTHORIZE CHILD CARE SUBSIDY TO BE PAID ON BEHALF OF THE ABOVE STUDENT.

Local Union Verification: _____

Print Name & Title – President, Financial Secretary, Chairperson

Date: _____

Signature of President, Financial Secretary, Chairperson

PLEASE EMAIL TO Madison.yourth@unifor.org