



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

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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.