

**PAID EDUCATION LEAVE
STUDENT APPLICATION FORM**

RR#1 Port Elgin ON N0H 2C5
Phone: 1-800-265-3735 Fax: 519-389-3845

Course: **4 WEEK PEL**

Date : _____

SIN: (For Payroll & Expenses) _____

FIRST NAME _____

LAST NAME _____

ADDRESS _____

CITY _____

PROVINCE _____

POSTAL CODE _____

SMOKER YES _____ NO _____

(CAW Family Education Centre is a completely smoke free facility. This question is only to assist in assigning a roommate.)

ROOMATE REQUEST _____

LOCAL _____ UNIT# _____

EMPLOYER _____

EMPLOYEE CLOCK # _____ DEPT. _____

PHONE (HOME) (____) _____

PHONE (WORK) (____) _____

PHONE (CELL) (____) _____

Email (Print clearly) _____

Date of Birth (mm/dd/yy) ____/____/____

GENDER MALE _____ FEMALE _____

Emergency Contact _____

Emergency Phone (____) _____

ARE YOU A FIRST NATIONS 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, in 2003 the CAW Convention voted to track participation of women, aboriginal and workers of colour.

IF ON SALARY CONTINUATION MARK AN X IN THE PAYROLL SECTION
(if you are being paid by the employer this week)

\$ _____ + \$ _____ = \$ _____
Current Wage Rate COLA Total Hourly Rate As of Date

\$ _____ \$ _____ \$ _____
Aft. Shift Rate Night Shift Rate Other Hours per pay period

*Please enter % if any loss of vacation while
Vacation Pay % _____ attending course* Skilled Trades? Yes _____

Expected Rate Change (when) _____ How much? _____

CHANGES IN HOURLY RATES WILL NOT BE MADE WITHOUT VERIFICATION FROM PAY STUB OR YOUR LOCAL UNION. WE ENCOURAGE DIRECT DEPOSIT, PLEASE SEND VOID CHEQUE

Applicant signature _____ Date Completed _____

Local Union Verification _____ (Signature)
_____ (Print Name)
_____ (Title)

APPLICANTS CANNOT APPROVE THEIR OWN APPLICATION, MUST BE SIGNED BY THE PRESIDENT, FINANCIAL SECRETARY OR CHAIRPERSON OTHER THAN ONESELF.