PORT ELGIN EDUCATION STUDENT FORM

50/50 Funding ?

YES

H&S Training Fund? YES

Course:	

Date:

RR#1 Port Elgin ON N0H 2C5

Phone: 1-800-265-3735 Fax: 519-389-3845				
SIN: (For Payroll & Expenses) FIRST NAME		UNIT#		
LAST NAME ADDRESS CITY	PHONE (HOME PHONE (WORK	DCK # DEPT E) () K) ()		
	,) ()		
PROVINCE POSTAL CODE SMOKER YES NO	Email (Print cle Date of Birth (m	arly) nm/dd/yy)///		
(CAW Family Education Centre is a completely smoke free facility. This question is only to assist in assigning a roomm	GENDER	GENDER		
Special Requirements: i.e. handicapped room, of	Hiet Emergency Co	Emergency Contact		
medical, etc. YES NO If so, what?	Emergency Phone ()			
	ROOMATE REQUEST			
ARE YOU A FIRST NATIONS OR PERSON OF COLOUR? As part of our Union's commitment to ensure that we better to Union, in 2003 the CAW Convention voted to track participation.		embership at all levels within the		
IF ON SALARY CONTINUATION MARK AN X IN TH (if you are being paid by the employer this week)	E PAYROLL SECTION			
ARE YOU: A FULL TIME WORKER?	OR PART TIME WOI	R PART TIME WORKER?		
\$ + \$ = 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?			
Applicant signature	Date Completed			
racope343 Oct. 31st	(Print Nam	(Print Name)		

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