

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 LOCAL :_____ UNIT: ____ SIN: (For Payroll/Expenses)_____ UNIT/COMPANY NAME: Given Name: Preferred Name:_____ Phone (Res.): __(____)___ Last Name: _____ Phone (Cell): ___(____)____ Address: Date of Birth (mm/dd/yyyy): _____ Clock # ____ Dept. __ Gender: Please circle Male City: Province: Emergency Contact: _____ Postal Code: Phone: Roommate Request: Smoker: Please circle Yes No 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: \$ How Much: \$_____ Expected Rate Change: (when) Aft. Shift Rate: \$_____Night Shift Rate: \$_____ Hours/Pay Period: _____ 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)