

COURSE NAME	DATE	DEADLINE
Arbitration for Leadership	Nov 26-Dec 1	Oct 13
Conflict Resolution Level 2 <i>*Must have Level 1</i>	Nov 26-Dec 1	Oct 13
Environment - Community <i>CANCELLED</i>	Nov 26-Dec 1	Oct 13
Health & Safety <i>NEW PROGRAM</i>	Nov 26-Dec 1	Oct 13
Stress: The Workplace Hazard <i>NEW PROGRAM</i>	Nov 26-Dec 1	Oct 13
Unifor Foundations I (Labour & Social Justice Certificate Program)	Nov 26-Dec 1	Oct 13
WSIB Appeals - Level III <i>*Must have WSIB I & II</i>	Nov 26-Dec 1	Oct 13
Aboriginal & Workers of Colour Week 2: <i>Must have Week 1</i>	Dec 3-8	Oct 20
Accident & Incident Investigation <i>NEW PROGRAM</i>	Dec 3-8	Oct 20
Human Rights	Dec 3-8	Oct 20
Union Communications	Dec 3-8	Oct 20
Collective Bargaining	Dec 10-15	Oct 27
Conflict Resolution Level 1	Dec 10-15	Oct 27
Grievance Handling & Workplace Leadership	Dec 10-15	Oct 27
Harassment Investigation <i>NEW PROGRAM *Must have Human Rights</i>	Dec 10-15	Oct 27
Health & Safety <i>NEW PROGRAM</i>	Dec 10-15	Oct 27
Introduction to Ergonomics <i>NEW PROGRAM</i>	Dec 10-15	Oct 27
WSIB Medical Orientation <i>*Must have WSIB I & II</i>	Dec 10-15	Oct 27

ALL INFORMATION NEEDS TO BE COMPLETED

Port Elgin Education STUDENT FORM 115 Shipley Ave. Port Elgin ON N0H 2C5	50/50 Funding? YES	H&S Training Fund? YES	Course: _____
	Phone: 1-800-265-3735	Fax: 519-389-3845	Course Date: _____

SIN: (For Payroll & Expenses) _____ Local **222** Unit # _____

First Name _____ Employer _____

Last Name _____ Employee Clock # _____ Dept. _____

Address _____ Phone (Home) (_____) _____

City _____ Phone (Cell) (_____) _____

Province _____ Email (Print clearly) _____

Postal Code _____ Date of Birth (mm/dd/yy) ____/____/____

Smoker Yes _____ No _____ Gender _____

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

Special requirements: i.e. handicapped room, diet, medical, etc. Yes _____ No _____

If so, what? _____ Emergency Contact _____

Emergency Phone (_____) _____

Roommate Request: _____

<p>ARE YOU ABORIGINAL OR PERSON OF COLOUR? YES _____ NO _____</p> <p>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.</p>
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IF ON SALARY CONTINUATION MARK AN "X" IN PAYROLL SECTION (if you are being paid by the employer this week)

ARE YOU A: FULL TIME WORKER? _____ OR PART TIME WORKER? _____

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

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

*If vacation pay is included in your regular pay (as per your collective agreement), enter percentage here _____% Skilled Trades? Yes _____

Expected Rate Change (when) _____ How much? _____

Applicant signature	Date Completed
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Local Union Verification

Signature:

Print Name: Title:

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