



205 Placer Court, Toronto, Ontario M2H 3H9  
Phone: 416-718-8482/1-800-268-5763  
Fax To: 416-495-3785

Course: \_\_\_\_\_

Date: \_\_\_\_\_

## STUDENT LOST TIME WAGE VERIFICATION FORM

(PLEASE PRINT CLEARLY)

SIN: (For Payroll & Expenses) \_\_\_\_\_ LOCAL: \_\_\_\_\_ UNIT #: \_\_\_\_\_

First Name: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

Last Name: \_\_\_\_\_ EMPLOYEE/CLOCK #: \_\_\_\_\_ DEPT. \_\_\_\_\_

Address: \_\_\_\_\_ Phone (Home): (\_\_\_\_) \_\_\_\_\_

Phone (Work): (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ Phone (Cell): (\_\_\_\_) \_\_\_\_\_

Province: \_\_\_\_\_ EMAIL (Print clearly) \_\_\_\_\_

Postal Code: \_\_\_\_\_ Date of Birth: (mm/dd/yy) \_\_\_\_\_

Smoker: Yes \_\_\_\_\_ No \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Roommate Request: \_\_\_\_\_ 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 PAYROL SECTION (if you are being paid by your employer)

\$ \_\_\_\_\_ + \_\_\_\_\_ = \$ \_\_\_\_\_  
Current Wage Rate COLA Total Hourly Rate As of (Date)

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
Afternoon Shift Rate Night Shift Rate Hours/pay period

Expected Rate Change \_\_\_\_\_ How Much \_\_\_\_\_

Vacation Pay (If applicable): \_\_\_\_\_ % Skilled Trades? YES  
(Only required if any Loss of Vacation While Attending the Program) (if yes, please circle)

CHANGES IN HOURLY RATE WILL NOT BE MADE WITHOUT VERIFICATION FROM PAY STUB OR LOCAL UNION.  
WE ENCOURAGE DIRECT DEPOSIT. PLEASE SEND A 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