



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.