



Course: _____

Date: _____

R.R.#1, Port Elgin, Ontario NOH 2C5
Phone: 519-389-3200 / 1-800-265-3735 Fax: 519-389-3845

CAW PAID EDUCATION LEAVE PROGRAM LOST TIME WAGE VERIFICATION FORM
PLEASE PRINT CLEARLY

SIN:(For Payroll/Expenses) _____

LOCAL : _____ UNIT: _____

Given Name: _____

COMPANY NAME: _____

Preferred Name: _____

Phone (Res.): (____) _____

Last Name: _____

Phone (Work): (____) _____

Address: _____

Date of Birth (mm/dd/yyyy): _____

City: _____

Clock # _____ Dept. _____
Gender: Male Female

Province: _____

Emergency Contact: _____

Postal Code: _____

Phone: _____

Smoker: Yes No

Roommate Request: _____

ARE YOU A FIRST NATIONS OR PERSON OF COLOUR? _____

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: \$ _____

Expected Rate Change: (when) _____ How Much: \$ _____

Hours/Pay Period: _____ Aft. Shift Rate: \$ _____ Night Shift Rate: \$ _____

Skilled Trades? 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)