



Submit application form to:  
[superschools@unifor.org](mailto:superschools@unifor.org)

Application Deadline:  
**December 15<sup>th</sup>15th, 2025**

Conflict Resolution ☐ Arbitration for Leadership ☐

Course Date: **February 23-26, 2026**

PEL Funds ☐

Local Invoice ☐

## STUDENT APPLICATION FORM – Saskatchewan Region

### PERSONAL INFORMATION

SIN (for payroll and expenses): \_\_\_\_\_

Local Union No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_ Employer: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

### ADDITIONAL REQUIREMENTS

Do you require overnight accommodations? No ☐ Yes ☐

If yes:

Accessible Room? No ☐ Yes ☐ Specific accessibility need: \_\_\_\_\_

Do you identify as Black, Indigenous or a Worker of Colour? No ☐ Yes ☐

*(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.)*

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**PAYROLL – Required for PEL Funded members only.** If member comes from a unit without Paid Education Leave Funds; Locals will need to pay full cost of participation. If local is being INVOICED, please cross out this section.

Are you under wage continuation? No ☐ Yes ☐ (You will be paid by your Employer for this week as usual.)  
**(If you selected NO, please complete the payroll section below.)**

Are you a: Full-time worker? ☐ Part-time worker? ☐

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

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Afternoon Shift Rate Night Shift Rate Other Hours per pay period

Date of Expected Rate Change: \_\_\_\_\_ New Rate: \_\_\_\_\_

If vacation pay is included in your regular pay (as per your Collective Agreement), please enter the percentage amount here \_\_\_\_\_ %.

Skilled Trades? No ☐ Yes ☐

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date completed

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## LOCAL UNION VERIFICATION

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

*(Applicants cannot approve their own payroll/expense form. This form must be signed by the Local Union President, Secretary-Treasurer or Chairperson other than oneself.)*