

Strike Terminated (or Averted)

This form must be sent immediately following settlement of the dispute.

To: – National Secretary-Treasurer

Copies to: – National President
– General and Regional Vice-President(s)
– Director and Assistant Directors of Organizing
and Regional Services Department
– Regional Director and Assistant Regional Director(s)
– Director of Communications Branch

Local Union No.: _____ Town/City: _____ Province: _____

Name of employer: _____

Date strike began: _____

Date of ratification vote: _____

Results of vote: _____ for acceptance; _____ for rejection.
(number) (number)

Date of return to work: _____

Date strike averted: _____

(ATTACH COPY OF SETTLEMENT TERMS AGREED TO)

Previous period reported: _____ to _____

No. of members: _____ at \$300.00 per week (for at least 20 hours of strike duties) = _____

and/or

No. of members: _____ at \$60.00 per day for 1 day (for at least 4 hours of strike duties) = _____

No. of members: _____ at \$60.00 per day for 2 days (for at least 8 hours of strike duties) = _____

No. of members: _____ at \$60.00 per day for 3 days (for at least 12 hours of strike duties) = _____

No. of members: _____ at \$60.00 per day for 4 days (for at least 16 hours of strike duties) = _____

Plus 2 additional days for: _____ at \$120.00 = _____
(members)

Total of final Strike Fund Pay = _____

CUPE Representative: _____

Date: _____ (print) _____ (signature)