

Strike Terminated or Averted

*This form must be sent immediately following settlement of the dispute.
Attach a copy of the settlement terms agreed to.*

To: National Secretary-Treasurer

- Copies to:**
- National President
 - General and regional vice-President(s) of the region
 - Managing Director of Organizing and Regional Services Department
 - Regional Director and Assistant Regional Director(s) of the region
 - Director of Communications Branch

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

Name of employer: _____

Strike began: _____ (day) _____ (date) _____ (time) _____

Date of ratification vote: _____

Vote results: _____ (number) for acceptance: _____ (number) for rejection: _____ (number)

Date of return to work: _____

If strike was averted, date of settlement: _____

(You may use separate sheets if there is a large number of different total of picketing hours and annex it to this form.)

Total paid from all previous periods: _____ to: _____ **Total (A):** \$ _____
(Date) (Date)

Number of members applying for strike pay for last period: _____

Payment for the last period from: _____ to: _____
(Date) (Date)

_____ Members at \$300 per week (at least 20 hours of approved strike duties) = _____

_____ Members at \$15 per hour for _____ hours during the week = _____

_____ Members at \$15 per hour for _____ hours during the week = _____

_____ Members at \$15 per hour for _____ hours during the week = _____

_____ Members at \$15 per hour for _____ hours during the week = _____

TOTAL FOR LAST WEEK (B): \$ _____

TOTAL FOR ENTIRE STRIKE (C) (A+B): \$ _____

Information above is accurate and verified, signed this _____ of _____, 20_____

Chairperson, strike benefits committee: _____
(print and signature)

CUPE National Representative: _____
(print and signature)