

Notice of Strike Mandate

***This form must be sent immediately after a strike mandate has been confirmed and must accompany the report in accordance with Article 3.2 of the National Strike Fund Regulations.
If more space is required, please attach additional pages.***

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:

Type of bargaining unit:

Extent of bargaining: (dates, number of meetings, progress)

Details of issues not settled:

Conciliation: (dates, number of meetings, progress)

Date of strike vote:

Results of strike vote:

for strike;

against strike.

(number)

(number)

Number of members affected in bargaining unit:

Local Union funds transferred to strike fund: \$

Local strike committee structure and responsibilities:

name:

position:

name:

position:

name:

position:

name:

position:

name:

position:

Local President:

(print)

(signature)

CUPE Representative:

(print)

(signature)

Date: