

Notification of Strike Commencement

This form must be sent immediately and simultaneously when strike action commences.

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:** _____

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

Strike headquarter location address:

Street: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

Email address: _____

Correspondence to the local (including strike pay cheque) should be addressed to:

Name: _____

Position: _____

Address – same as strike headquarter

If different – # Street: _____

City: _____

Province: _____

Postal Code: _____

Email address: _____

Expected number of picketing sites (name locations): _____

If a rotating strike, provide plan of work stoppage:

Money transferred to local strike fund: _____

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

CUPE National Representative: _____

(print and signature)