

Daily Report — Picket Captain's or Strike Benefits Committee Chairperson

Print as many copies of this blank form as needed.

Local Union No.:			
Shift covered (date, time):			
Date of report completion:			
ocation (picket line, headquarter, etc	.):		
Signature	Time in	Type of picket duty or other assigned duties	Time out
nformation above is accurate and ver	ified, signed this	of	, 20
Chairperson, strike benefits commi	ttee:		
(print and signature)			
Picket Captain's signature:			
(print and signature)			