

# Strike Pay Estimate – 1<sup>st</sup> Week

*This form must be completed as early as possible when strike commences and sent immediately to the National Office.*

**Local Union No.:** \_\_\_\_\_ **Town/City:** \_\_\_\_\_ **Province:** \_\_\_\_\_

Date of form completion: \_\_\_\_\_

Estimate for the first week of eligibility (starting on the 5<sup>th</sup> day of strike):

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
(Date) (Date)

No. of members when strike started: \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**TOTAL FOR THE WEEK \$** \_\_\_\_\_

**Local Strike Fund Accounting**

Amount transferred to dedicated local strike fund \$ \_\_\_\_\_

Other monies transferred to dedicated local strike fund \$ \_\_\_\_\_

**Total A \$** \_\_\_\_\_

**Any other strike income detail:**

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**Total B + \$** \_\_\_\_\_

**Total C (A+B) \$** \_\_\_\_\_

**Strike expenses detail:**

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**Total D - \$** \_\_\_\_\_

**Balance of (C-D) \$** \_\_\_\_\_

Information above is accurate and verified, signed this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_

**Chairperson, Strike Benefits Committee:** \_\_\_\_\_  
(print and signature)

**CUPE National Representative:** \_\_\_\_\_  
(print and signature)