

Strike Terminated (or Averted)

This form must be sent immediately following settlement of the dispute.

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: _____

Date strike began: _____

Date of ratification vote: _____

Results of vote: _____ for acceptance; _____ for rejection.
 (number) (number)

Date of return to work: _____

Date strike averted: _____

(ATTACH COPY OF SETTLEMENT TERMS AGREED TO)

Previous period reported: _____ to _____

No. of members:	at \$200.00 per week	=	
and/or			
No. of members:	at \$40.00 per day for 1 day	=	
No. of members:	at \$40.00 per day for 2 days	=	
No. of members:	at \$40.00 per day for 3 days	=	
No. of members:	at \$40.00 per day for 4 days	=	
Plus 2 additional days for:	at \$80.00	=	
	(members)		

Total of final Strike Fund Pay =

CUPE Representative: _____

Date: _____ (print) _____ (signature)