

# 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)