

Strike Pay Estimate – 1st 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 first 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)