

# 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: \_\_\_\_\_

Location (picket line, headquarter, etc.): \_\_\_\_\_

Signature	Time in	Type of picket duty or other assigned duties	Time out

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

Chairperson, strike benefits committee: \_\_\_\_\_  
(print and signature)

Picket Captain's signature: \_\_\_\_\_  
(print and signature)