

Notice of Strike Mandate

*This form must be sent immediately after a strike mandate has been confirmed.
If more space is required, please attach additional pages.*

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:** _____

Name of Employer: _____

Category of employees: _____

Number of members in bargaining unit: _____

Date of strike vote taken: _____

Results of strike vote: _____ **for strike:** _____ **against strike:** _____
(number) (number) (number)

Bargaining history (dates, number of meetings, progress):

Summary of outstanding issues:

Conciliation (if applicable) (dates, number of meetings, progress):

Local strike benefits committee structure and position:

Name: _____ position: CHAIRPERSON

Name: _____ position: _____

Name: _____ position: _____

Name: _____ position: _____

Name: _____ position: _____

Information above is accurate and verified, signed this _____ of _____, 20_____

Local President: _____

CUPE National Representative: _____

(print and signature)