

Strike Terminated or Averted

This form must be sent immediately following settlement of the dispute. Attach a copy of the settlement terms agreed to.

<u>To:</u> National Secretary-Treasurer	Copies to:	of the region Managing Direc and Regional S Regional Director Birector(s) of the 	gional vice-Presider tor of Organizing ervices Departmen or and Assistant Re	t gional	
Local Union No.: Tow	cal Union No.: Town/City:		Province:		
Name of employer:					
Strike began: (day) _				ne)	
Date of ratification vote:					
Vote results:fo					
(number) Date of return to work:		(number)	-	(number)	
If strike was averted, date of settler					
Total paid from all previous periods Number of members applying for st	:: (Date)				
Payment for the last period from:	to:				
Payment for the last period from:	(Date)	(Date)			
Members at \$300 per we Members at \$350 per we Members at \$375 per we Members at \$400 per we Members at \$15 per hou Members at \$17.50 per h Members at \$18.75 per h Members at \$20 per hou	ek (Weeks 8 to 11 ek (Weeks 12 to 1 ek (Week 16 and r for nour for r forhou	I inclusively) (at least 5 inclusively) (at least after) (at least 20 he hours during the we hours during the we hours during weeks ars during week 16 a	st 20 hours) = ast 20 hours) = ours) = reek = eeks 8 to 11 = 12 to 15 = and after = _AST WEEK (B): \$		
Information above is accurate and					
Chairperson, strike benefits com			and signature)		
CUPE National Representative:					
		(print	and signature)		