

## **Strike Terminated or Averted**

This form must be sent immediately following settlement of the dispute.

Attach a copy of the settlement terms agreed to.

To: National Secretary-Treasurer	Copies to:	of the region  Managing Direct and Regional S Regional Director Director(s) of the	gional vice-President tor of Organizing ervices Department or and Assistant Reg	jional
Local Union No.: Tow			Province:	
Name of employer:				
Strike began: (day)			(time	e)
Date of ratification vote:				
Vote results:for				
Date of return to work:		(number)		(number)
If strike was averted, date of settlem				
(You may use separate sheets  Total paid from all previous periods:	and annex it	to this form.)	•	ng hours 
Number of members applying for stri	ke pay for last p	eriod:		
Payment for the last period from:	(Date)	to: (Date)		
Members at \$350 per wee  Members at \$375 per wee  Members at \$400 per wee  Members at \$450 per wee  Members at \$17.50 per ho  Members at \$ 18.75 per ho  Members at \$ 20.00 per ho  Members at \$ 22.50 per ho	k (Weeks 6 to 11 k (Weeks 12 to 1 k (Week 16 and our for	I inclusively) (at least 15 inclusively) (at least 20 hours during work during the work during	st 20 hours) = ast 20 hours) = ours) = eek 1 to 5 = eeks 6 to 11 =	
	ТОТА		_AST WEEK (B): \$_ RIKE (C) (A+B): \$_	
Information above is accurate and ve	erified, signed thi	sof_		_, 20
Chairperson, strike benefits comn		(print	and signature)	
CUPE National Representative:		(print	and signature)	