

STRIKE PAY APPLICATION

LOCAL # _____

PLEASE PRINT VERY CLEARLY

FIRST NAME: _____ LAST NAME: _____

EMPLOYEE NUMBER: _____ (application will not be processed without employee number)

HOME INFORMATION:

ADDRESS: _____

(street)

CITY: _____ POSTAL CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CELL NUMBER: _____ PERSONAL EMAIL: _____

WORK INFORMATION:

JOB CLASSIFICATION: _____ LOCATION: _____

ADDRESS: _____

CITY: _____ PHONE NUMBER: _____

ACCOMMODATION REQUIRED: YES NO

Signature _____

Date _____

For Office Use Only:

Entered by: _____ Date: _____ Number: _____

Accommodation referred to Benefit Committee:

PLEASE MAKE SURE ALL INFORMATION IS COMPLETED

AND RETURN TO: Strike Committee
c/o Local _____

OR BY FAX: _____

Address: _____