

Strike Pay Estimate – 1st Week

This form must be completed first day of strike and sent immediately to the National Office.

Local Union No.: _____ **Town/City:** _____ **Province:** _____

Date of form completion: _____

Estimate for the first week of eligibility:

From: _____ **To:** _____
(Date) (Date)

No. of members when strike started: _____

Comments:

_____ Members at \$350 per week (at least 20 hours of approved strike duties) = _____

TOTAL FOR THE WEEK _____

Local strike fund accounting

Amount transferred to dedicated local strike fund \$ _____

Other monies transferred to dedicated local strike fund \$ _____

Total A \$ _____

Any other strike income detail:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total B + \$ _____

Total C (A+B) \$ _____

Strike expenses detail:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total D - \$ _____

Balance of (C-D) \$ _____

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

Chairperson, Strike Benefits Committee: _____
(print and signature)

CUPE National Representative: _____
(print and signature)