

Picketing / Accommodation Information Form

Contact Information *(all fields required)*

Member's Name _____

Address _____

Member's Union I.D. _____

Local Number _____

Province _____

Postal Code _____

Phone Number _____

Secure email _____

Accommodation

I will require accommodation to perform modified strike duties.

Alternate Location

I would like to picket at an alternative location at Local # _____

at (address, city) _____

To picket at another Local, a member must receive authorization from their Home Local's Strike Committee, as well authorization from the Receiving Local's Strike Committee.

NOTE: A copy of this form must be given to both the Home Local and the Receiving Local in order for the member to receive Strike Pay.

Home Local # _____

Receiving Local # _____

Home Local Strike Committee Member Name *(please print clearly)*

Receiving Local Strike Committee Member Name *(please print clearly)*

Signature _____

Signature _____