



**APPLICATION FOR STRIKE PAY - TO BE COMPLETED BY APRIL 29<sup>TH</sup>, 2022**

**Please Print**

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_ (The request will not be reviewed unless a number is indicated)

---

**PERSONAL CONTACT INFORMATION**

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE NBR: \_\_\_\_\_ PERSONAL CELL NBR: \_\_\_\_\_

PERSONAL EMAIL : \_\_\_\_\_

---

**CONTACT INFORMATION WORK**

CLASSIFICATION: \_\_\_\_\_ LOCATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

---

ACCOMMODATION REQUESTED:  YES  NO

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Office only*

Entered by : \_\_\_\_\_ Date : \_\_\_\_\_ Number : \_\_\_\_\_

Accommodation request sent back to the Benefits Committee

---

**PLEASE COMPLETE ALL THE INFORMATION AND RETURN TO THE STRIKE COMMITTEE**  
**[office@CUPE5167.org](mailto:office@CUPE5167.org)**