



Form D - Request for Additional Quarterly Rebate

OPSEU Local _____ hereby makes application for an additional quarterly rebate, as provided for under Section 5.1.3 of the Strike Policy.

Strike Date: (mm/dd/yyyy) _____ Requested by: _____

Last Trustees' Audit Report: _____

Last Rebate Amount: _____ Number of Members: _____

For units of local only (where more than one bargaining unit in local):

Number of members in unit: _____ % of rebate payable to unit: _____

Please make this cheque payable to: OPSEU LOCAL _____

Send cheque to:

Name: _____ Address: _____

Chair, Strike Finance Subcommittee Signature of Chair, Strike Finance Subcommittee Date: (mm/dd/yyyy)

Local President Signature of Local President Date: (mm/dd/yyyy)

SUBMIT TO THE STAFF REPRESENTATIVE FOR APPROVAL AND PROCESSING

For Internal Use Only

Name of Staff Representative Date: (mm/dd/yyyy) _____

Signature of Staff Representative Regional Office _____

Amount to be paid: _____

Charge to strike fund account code: _____ Date: (mm/dd/yyyy) _____