



## Form J - Picketing / Accommodation Information

### Contact Information *(all fields required to receive strike pay)*

Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Member's Union I.D.: \_\_\_\_\_

Local : \_\_\_\_\_

Province: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Sector/Division:

- OPS - Corrections       OPS - Unified  
 BPS       CAAT-A       CAAT-S       LBED

Employer/Ministry: \_\_\_\_\_

Non-Employer Email Address: \_\_\_\_\_

### Accommodation

I will require accommodation to perform modified strike duties.

### Alternate Location

I would like to picket at an alternative location at Local Number: \_\_\_\_\_

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. A completed Form B must be submitted to this local.

Home Local Number: \_\_\_\_\_

Receiving Local Number: \_\_\_\_\_

Home Local Strike Committee Member Name \_\_\_\_\_

Receiving Local Strike Committee Member Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**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.**