



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
 BPS

OPS - Unified

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.

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.