

STRIKE PAY APPLICATION

LOCAL # 5555

PLEASE PRINT VERY CLEARLY

FIRST NAME: _____ LAST NAME: _____

EMPLOYEE NUMBER: _____ *(application will not be processed without employee number)*

HOME INFORMATION:

ADDRESS: _____
(street)

CITY: _____ POSTAL CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CELL NUMBER: _____ PERSONAL EMAIL: _____

WORK INFORMATION:

JOB CLASSIFICATION: _____ LOCATION: _____

ADDRESS: _____

CITY: _____ PHONE NUMBER: _____

ACCOMMODATION REQUIRED: YES NO

Signature _____

Date _____

For Office Use Only:

Entered by: _____ Date: _____ Number: _____

Accommodation referred to Benefit Committee:

PLEASE MAKE SURE ALL INFORMATION IS COMPLETED

AND RETURN TO: Strike Committee
c/o Local 5555
Address: 380 Lake Rd. Unit #7
Bowmanville, ON
L1C 4P8

OR BY FAX: 905-623-5352