**Strike Pay Discrepancy Form**

Please fully and legibly complete this form in order to document any discrepancies in your strike pay. Email completed forms to cupe3903office@gmail.com.

*Directions:*

1. Provide your full name as it appears on the union member list

|  |  |
| --- | --- |
| **Full name as it appears on the York payroll and Union member list** | **Employee Number (provided by York payroll)** |
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2. Provide your email address and phone number.

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| --- | --- |
| **Email address** | **Phone number** |
|  |  |

4. Provide the location, date and time of each shift of picket duty that you performed.

(Use the back page if you need more room)

|  |  |  |
| --- | --- | --- |
| **Picket line location** | **Date** | **Time** |
|  |  |  |

4. Indicate the amount you were paid and the amount you believe you should have been paid. Please calculate the difference.

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| --- | --- | --- |
| **Amount paid** | **Correct amount** | **Difference** |
|  |  |  |

5. If there is additional information that you believe would be helpful in processing your form, please provide it here.

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| **Other info** |
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