OPSEU WEEKLY STRIKE DUTY PERFORMANCE & PAYMENT REGISTER

Strike Week No. _____ for week ending Sunday _____ /_____/_____
mm dd yy

FORM D

Local_____

PICKET CAPTAIN

Print Name Clearly _____ Signature _____

LOCAL STRIKE FINANCE SUB-COMMITTEE

Print Name Clearly _____ Signature _____

NAME	# OF DEPENDENTS	INDICATE NUMBER OF HOURS FOR EACH DAY							WEEKLY STRIKE PAY	CHEQUE NO	RECIPIENT'S SIGNATURE	DATE mm/dd
		M	T	W	T	F	SAT	SUN				
									$	Page Total	*NOTE:* OPSEU STRIKE PAY NOT TO INCLUDE ANY LOCAL SUPPLEMENTARY STRIKE PAY	

SUBMIT ORIGINALS WEEKLY TO ACCOUNTING - HEAD OFFICE.
RETAIN A COPY FOR LOCAL RECORDS