

# OPSEU MEMBERS PERSONAL INFORMATION FORM (MPIF)

This form must be completed and submitted to your Local Finance Committee in order to collect Strike Pay.

## PLEASE PRINT CLEARLY FORM B

Member's Name: _____	Local #: _____
Street: _____	
City/Prov.: _____	Postal Code: _____
Home Phone: (    ) _____	Work Phone: (    ) _____
Ext.: _____	
Home e-mail address: _____	Work e-mail address: _____
Social Insurance Number or Member's Union I.D. #: _____	

### LIST OF DEPENDENTS

Dependent(s) Full Name	Date of Birth (mm/dj/ya)	Relationship to Member

Dependents are defined as a non-working spouse (excludes spouse on strike) and children under 18 (under 26 if attending school), disabled and/or an elderly (65+) dependent.

Member's Signature	Date	LEC Signature	Date
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Authorization of the information provided above requires both the member and a LEC member to sign and date.

### PICKETING/ACCOMMODATION INFORMATION

#### Accommodation

- |  |  |
|--|--|
| <input type="checkbox"/> I will be picketing at my Work Site<br>(no approval required) | <input type="checkbox"/> I will require accommodation and can perform modified strike duties.    |
| <input type="checkbox"/> I would like to cross picket at Local # _____                 | <input type="checkbox"/> I will require accommodation and cannot perform modified strike duties. |
| <input type="checkbox"/> I would like to be a Picket Captain                           |  |

Local 340 Preferred Picket Shift (Circle ONE)

5 a.m. - 9 a.m.                      8 a.m. - 12 p.m.                      11 a.m. - 3 p.m.                      2 p.m. - 6 p.m.

***To picket at another Local, a member must receive authorization from their home Local, as well as authorization from the receiving Local's Strike Committee. A copy of this MPIF must be given to the Local in order for the member to receive Strike Pay.***

Home Local # _____	Receiving Local # _____
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Strike Committee Member's Name (Print) _____	Strike Committee Member's Name (Print) _____
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Signature _____	Signature _____
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