

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

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

List of Dependents

Dependents Full Name	Date of Birth (mm/dj/ya)	Relationship to Member
1.		
2.		
3.		
4.		
5.		
6.		

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).

Members Signature Date

LEC Signature Date

Authorization of the information provided above requires both the member and a LEC member to sign and date.

Picketing /Accommodation Information

I will be picketing at my Work Site (no approval required)

Accommodation

I will require accommodation and can perform modified strike duties.

I will require accommodation and cannot perform modified strike duties.

I would like to Picket at Local # _____

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

Home Local

Receiving Local # _____

Strike Committee Member Name
(please print clearly)

Strike Committee Member Name
(please print clearly)

Signature

Signature

Job Information

Job Title: _____ Department: _____

What campus are you from? _____

Is there another campus you would like to picket at? _____

Strike Duty Information

OPSEU policy requires 20 hours per week of strike duties to qualify for strike pay. These duties can be just picket duty or a combination of Picket duty or sub-committee activities. Please see your Local Executive for more details.

Do you require religious accommodation?: _____

Do you require physical accommodation?: _____

What strike activities would you participate in?: (see duties below) Please indicate with "Y" for Yes

Picket Duty _____

Picket Captain _____

Picket Marshall _____

Strike Duties Sub Committee _____

Finances Sub Committee _____

Communications Sub Committee _____

Other activity (specify): _____

Would you be a Phone Tree Caller?: _____

Are you First Aid trained? _____

Are you CPR trained?: _____

Are you ECE certified?: _____

Are you willing to assist in Daycare?: _____

Picket Duty Schedule

What shift arrangements would you prefer (if possible)?:(Check one): Morning _____ Afternoon _____							
What days do you want? (Check all that apply)							
Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Any day

If we can arrange cross College picketing what College would you prefer to picket at?: _____

Scrounge List

**Are you able to supply (or have any contacts that could) any of the following?
(Check those that apply)**

Cell Phone	Signs	Pick up truck	Trailer	Tent	Portable Toilets
Noise Makers	Whistles	Barrels	Generator	Coffee Maker	Flares
Flashlights	Megaphone	Locks	Clipboards	Towels	BBQ
First Aid Kit	Pylons	Rain Gear	Other		