



19 John St Brampton, ON, L6W 1Z1
Tel: (905)981-0831 Fax: (905)846-5178
www.cupe831.com

SHIFTS HOURS DISCREPANCY APPLICATION FORM

Dear CUPE member,

Thank you all for your hard work and support during the strike.

Please fill in the details for the missing hours/shifts, if any, for further investigation and due payments.

Member First Name: _____

Member Last Name: _____

Date	Location	Registered Shift worked	Strike Captains Name

Member signature: _____ Date: _____

Chairperson Strike Benefit Committee approval: _____

Date approved: _____