OPSEU MEMBERS PERSONAL INFORMATION FORM (MPIF)

This from 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)

☐ I would like to Cross Picket at Local # _____

Accommodation

☐ I will require accommodation and can perform modified strike duties.

☐ I will require accommodation and cannot perform modified strike duties.

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

Home Local

_____
Strike Committee Member Name
(please print clearly)

_____
Signature

Receiving Local # _____

_____
Strike Committee Member Name
(please print clearly)

_____
Signature