

STRIKE SANCTION REQUEST FORM



This information is required in conformity with Rule 22 of the AFL-CIO Governing Central Bodies and/or by the "Alameda Labor Council's" Constitution.

Please PRINT

YOUR Local Union _____ Contact _____ Title _____

Address _____ City _____ State _____ Zip _____

Work () _____ Cell () _____ Email: _____

Employer _____ Contact Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Nature of Business _____ # of Employees _____ # of Members Affected _____

Location(s) _____

Employer's Representative Firm _____ Contact Person _____

Work () _____ Cell () _____ Email: _____

Address _____ City _____ State _____ Zip _____

Date Strike begins (if intermittent/rolling, give dates) _____

Check if (1) One Day only strike

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you want the employer invited to a hearing? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Should the employer be informed of strike sanction? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Do you desire Community Services preparation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Any construction occurring on site? (important) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Affected Unions Names and Phone Numbers: Requesting Union is obligated to notify all affected unions and IBT Joint Council 7 (JC 7 phone number 415-467-7768).

Local Union _____ Contact Name _____ Phone () _____

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Authorized by Local Officer Signature _____ **Date** _____

Confirmed by ALC _____ Date _____

Send completed form to: Community Services Director & Organizer / (510) 632-4242 ext.106 / Fax (510) 632-3993
7750 Pardee Lane., Ste. 110, Oakland, CA 94621