



Food & Drug Council

I N C O R P O R A T E D

Strike Sanction Form

Please answer all questions completely

(Please Print or Type)

1. Local Union Requesting Sanction:

- a. Name and number _____
- b. Address (City, State, Zip) _____
- c. Telephone number _____
- d. Person to contact _____

2. Employer:

- a. Name _____
- b. Address (City, State, Zip) _____
- c. Nature of business _____
- d. Is employer represented by, or a member of, an employer association?
If so, give name and full address of association _____

- e. Is company a division or a subsidiary of another company? _____

3. Nature of Dispute:

- a. Reason for strike or picket line _____
- b. Is strike now in progress? _____ If yes, give start date _____
Is there a picket line? _____ Locations of picket line if not the same as
2(b) above _____
- c. Does your Union have an existing or recently expired contract with the
employer? _____ If so, give expiration date _____ Is there an
extension? _____ If yes, attach a copy.

- d. Is your Union the bargaining representative of the employees involved, pursuant to NLRB Certification? _____ If not, are you the recognized representative? _____ Has your union ever been decertified as the bargaining representative of the employees involved? _____ If so, when? _____
- e. Is a petition for election pending with the NLRB? _____ When? _____ Filed by whom? _____
- f. Has an Unfair Labor Practice charge been filed with the NLRB against the employer? _____ When? _____ Filed by whom? _____
- g. Are there any other Unions involved? _____
If so, which locals? _____ In what way are they involved? _____
What company? _____ Have you contacted them? _____
To whom did you speak? _____

4. Existing Sanctions

(If filing on a Health Care Facility, please attach a copy of the required 10-day notice.)

Does your Union have a strike sanction from your International Union and/or Intermediate Body? _____

International Union _____ Date approved _____

Intermediate Body _____ Date approved _____

All approved sanctions are subject to a 30-day renewal request. If the Food & Drug Council does not receive such notice after 30 days, sanction may be withdrawn without further notice.

Union _____

Officer's signature _____

Officer title _____

Date

Approved

Received

Approved by Legal Department

Approved by Food & Drug Council, Inc.