SHIFT REPORT (please complete one per shift) - Page 1 of 2

PICKET LOCATION _____ DATE_____ TIME _____

PICKET TEAM NO. _____ PICKET CAPTAIN _____

SHIFT CODE _____ ENTRANCE LOCATION _____

The following is a list of all members participating on this shift.
NOTE: Members on picket duty must sign in and sign out to be eligible for strike pay.
This form is to be kept by the PICKET CAPTAIN on duty at all times.

NAME (print)	Employee ID	Start Time	Finish Time	Signature

SHIFT REPORT – Continued - Page 2 of 2

Weather _____

Morale of members _____

Provide additional details on any significant events that occurred on this shift.

Time	Comments	Reference

_____
Picket Captain (print)

_____
Signature