

**NOTICE OF PUBLIC SCHOOL EMPLOYEE STRIKE**  
**MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH**  
Employment Relations Commission

**INSTRUCTIONS:** File an **original** and **4 copies** of this notice (including 2 sets of mailing labels, an affidavit and other attachments pursuant to Rule 423.191) with the Employment Relations Commission at the Cadillac Place — 3026 W. Grand Boulevard, Suite 2-750 PO BOX 02988, Detroit, Michigan, 48202-2988, along with proof of service. Serve a copy on the employee named in item 1 and the bargaining agent named in item 7.

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filled

**EMPLOYEE ALLEGED TO BE ON STRIKE**

Area Code and Telephone Number:

1. Name and Home Address of Employee:

2. Assigned work location (Name and Address):

3. Daily pay rate of public school employee alleged to be on strike:

4. Date(s) public school employee was allegedly engaged in a strike:

5. Total number of full or partial days public school employee was allegedly engaged in the strike as of filing:

6. Is strike still in progress?  Yes  No

7. Name of Bargaining Agent of employee named in Part 1:

Type of Bargaining Unit (Check One)

Teachers  Transportation  Maintenance  Food Service  Other \_\_\_\_\_

8. Name and Address of public school employer filing this notice:

Area Code and Telephone Number:

Area Code and FAX Number:

I have read the above notice and it is true to the best of my knowledge and belief.

Print Name \_\_\_\_\_

Signature of representative or person filing notice \_\_\_\_\_ Title, if any \_\_\_\_\_

Address \_\_\_\_\_ Area Code & Phone No. \_\_\_\_\_

THE DEPARTMENT OF LABOR & ECONOMIC GROWTH WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS. IF YOU NEED HELP WITH READING, WRITING, HEARING, ETC., UNDER THE AMERICANS WITH DISABILITIES ACT, YOU MAY MAKE YOUR NEEDS KNOWN TO THIS AGENCY.