

University of Bolton Industrial Action Notification Form

Please complete this form as early as possible to notify the University your participation in industrial action or within 3 working days of the commencement of industrial action at the latest.

You are also required to inform your School/Service of your participation in industrial

Full Name:				
Job Title:				
School/Service:				
University Email:				
Payroll Number:				
I, the above named employee, confirm that I have read the University of Bolton Industrial Action and Withholding of Pay Policy and also confirm that I will be taking part / have taken part in the following industrial action. (Please tick all applicable in a) or b) below)				
a) STRIKE ACTION	, , ,	2016	YES 🗆	NO □
b) ACTION SHORT Wednesday 25 Ma		(work to co	ntract/work t	to rule) from NO □
Please note that the University will deduct 1/260 of annual salary for each day or part day of the period of strike action (i.e. a maximum of 2/260). Deductions will be made in the next available payroll run.				
Please send a copy of thi Head of School/Service) Services & Administra Wednesday 6 July 2016.	by email (<u>st4@bolt</u> ation Centre) b		n the internal	mail (Z3-046,
Full Name:				
Signed:				
Date of Signing:				

For information on the University's approach to Industrial Action visit http://www.bolton.ac.uk/HumanResources/A-to-Z/Home.aspx.