

FORM A - Application for Picket Line / Strike Pay

PERSONAL INFORMATION	
Name	
PEA Member No.	Chapter:
Home Address	
City/Province	Postal Code
Home Phone	
Home Email	
Work Phone	
Mobile	
Employer	
Worksite Building Name & Address	

JOB ACTION / ESSENTIAL SERVICES SCHEDULE					
MM DD YYYY					
WEEK ENDING: ___ / ___ / ___					
Date of Job Action	Number of Hours Scheduled to Work	Number of Hours Worked as Essential Service	Number of Hours Lost	Hourly Rate of Pay	For office use
1.					
2.					
3.					
4.					
5.					
For office use					

I attest that the above information is a true declaration of income lost as a result of honouring a picket line.	
Signature: _____	Date: _____

PLEASE SUBMIT THIS FORM TO THE PEA OFFICE VIA FAX OR EMAIL TO: 250-385-6629 or jbond@pea.org

Authorizing Signatures		
Senior Staff Officer:	Executive-Director:	Secretary-Treasurer: