P|E|A

BC's Union for Professionals

FORM B: CLAIM FOR STRIKE PAY
PICKET CAPTAIN REPORT

EMAIL COMPLETED FORM TO
MJOLY@PEA.ORG

WORKSITE
Building Name:

Address:

City:

STRIKE WEEK MM DD YY

WEEK ENDING
(ENTER DATE) _____

PICKET CAPTAIN

NAME: _____ PHONE: _____

ADDRESS: _____

_____ EMAIL: _____

CITY: _____

POSTAL CODE: _____

SIGNATURES

PICKET CAPTAIN _____

EXECUTIVE DIRECTOR _____

MEMBER'S FULL NAME (FIRST NAME, LAST NAME)	TIME THIS WEEK			DAILY STRIKE DUTY						
	NORMAL WORK DAYS (Example: M-F)	NORMAL DAILY SHIFT		SUN	MON	TUES	WED	THUR	FRI	SAT
		HOURS	MINS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS
OFFICE USE ONLY VSN.2021.07.30										