

FORM A - Application for Picket Line / Strike Pay

PERSONAL INFORMATION	
Name	
Chapter	
Home Address	
City/Province	Postal Code
Home Phone/Cell	
Home Email	
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 by email to jbond@pea.org

Authorizing Signatures	
Senior Staff Officer	Executive Director