PEA

BC's Union for Professionals

FORM B: CLAIM FOR STRIKE PAY
PICKET CAPTAIN REPORT

EMAIL COMPLETED FORM TO JBOND@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.2026.07