

## FORM A - Application for Picket Line / Strike Pay

PERSONAL INFORMATION	
<b>Name</b>	
<b>Chapter:</b>	
<b>Home Address</b>	
<b>City/Province</b>	<b>Postal Code</b>
<b>Home Phone</b>	
<b>Home Email</b>	
<b>Work Phone</b>	
<b>Mobile</b>	
<b>Employer</b>	
<b>Worksite</b> Building Name & Address	

JOB ACTION / ESSENTIAL SERVICES SCHEDULE					
<div style="text-align: center;">MM      DD      YYYY</div> 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					

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

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

Authorizing Signatures	
Senior Staff Officer	Executive Director