

# PROFESSIONAL EMPLOYEES ASSOCIATION

505-1207 Douglas Street, Victoria, BC. Tel: 1-800-779-7736 / fax: 250-385-6629 / email: thusband@pea.org

## FORM B - CLAIM FOR STRIKE PAY - PICKET CAPTAIN REPORT

**WORKSITE**  
Building Name & Address

**STRIKE WEEK** MM DD YY

WEEK ENDING

(ENTER DATE)

### PICKET CAPTAIN

NAME: \_\_\_\_\_ PICKET CAPTAIN MEMBER NO. \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE No. \_\_\_\_\_  
 \_\_\_\_\_ CELL No. \_\_\_\_\_  
 CITY: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 POSTAL CODE: \_\_\_\_\_

### SIGNATURES

PICKET CAPTAIN \_\_\_\_\_  
 SENIOR STAFF OFFICER \_\_\_\_\_  
 EXECUTIVE DIRECTOR \_\_\_\_\_  
 SECRETARY-TREASURER \_\_\_\_\_

MEMBER'S FULL NAME (LAST NAME, FIRST NAME) <i>Please print clearly</i>	PEA MEMBER No.	TIME THIS WEEK				DAILY STRIKE DUTY													
		NORMAL WORK DAYS (Mon, Tues, Wed, etc.). If this varies, contact PEA		NORMAL DAILY SHIFT		SUN		MON		TUES		WED		THUR		FRI		SAT	
		HOURS	MINS	HOURS	MINS	HOURS	INITIALS	HOURS	INITIALS	HOURS	INITIALS	HOURS	INITIALS	HOURS	INITIALS	HOURS	INITIALS	HOURS	INITIALS