

CUPE LOCAL 2936 BARGAINING SURVEYS for 2017

PLEASE RETURN COMPLETED FORMS, IN ENVELOPES SUPPLIED, TO YOUR UNIT CHAIR AND/OR BARGAINING COMMITTEE BY NOV 22, 2017.

**** PLEASE NOTE THAT SURVEYS RETURNED LATE WILL NOT BE CONSIDERED ****

1. Employment Status – Please indicate

Full time, part time, or relief

2. Please list, in priority, the top three issues you see going into bargaining.

1. _____

2. _____

3. _____

3. Is the current vacation provision adequate?

4. Has your vehicle ever been damaged by an individual who you support?

If yes, were you reimbursed and if so how much?

5. Do you have any Health & Safety concerns at work?

If yes, please explain

6. Do you have any concerns around workload? _____

If yes, please explain

6. On a scale from 1 to 10 (1 being the lowest and 10 being the highest)

Please indicate the importance of each item:

Wages _____

Pension _____

Benefits

- **Vision** _____
- **Dental** _____
- **Drugs** _____
- **Massage, physio, chiro, etc.** _____

Mental health days _____

Assignment of hours/ positions _____

Harassment language _____

Mileage _____

Seniority _____

Paid education/ training _____

Work of the bargaining unit protection _____

Sick days (all employees) _____

Family sick days _____

Transfer language _____

Health & Safety language _____

Bereavement Days _____

Other _____ (Please explain)

7. Age – please select one:

Under 25

25-30

31-44

45-54

55+

8. What activities would you consider becoming involved in to support your bargaining committee (workplace communication, wearing CUPE pins/buttons, information pickets, other activities)?

Additional suggestions or comments:

If you haven't done so already, please forward your contact information to your unit chair.

**Thanking you in advance
Your negotiation team**