B.C. GOVERNMENT AND SERVICE EMPLOYEES' UNION

4911 Canada Way, Burnaby, B.C. V5G 3W3 Ph. 291-9611 Fax. 291-6030

BARGAINING QUESTIONNAIRE

PART A—EMPLOYER INFORMATION

LAFRENTZ ROAD MARKING (BC DIVISION)

PART B—MEMBER INFORMATION *(personal)*

Name: (optional) _____

Age: ☐ 25 & under ☐ 26-35 ☐ 36-45 ☐ Over 46

No. of Dependents: _____

PART C—MEMBER INFORMATION *(work)*

Job Classification: _____ Current Rate of Pay: _____ /mo.

Monthly rates of pay for past 3 years: (1) _____ (2) _____ (3) _____

Length of Employment (month/years):

Status: ☐ Regular Full-time ☐ Regular Part-time ☐ Casual/Auxiliary/On-Call

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PART D—PRIORITIES

(please assign a number from 1 to 5 according to your priorities, 5 being the highest priority)

	1	2	3	4	5
Dental Plan	☐	☐	☐	☐	☐
Group Life Insurance	☐	☐	☐	☐	☐
Job Security	☐	☐	☐	☐	☐
Long Term Disability Plan	☐	☐	☐	☐	☐
Mileage	☐	☐	☐	☐	☐
Overtime Provisions	☐	☐	☐	☐	☐
Paid Holidays	☐	☐	☐	☐	☐
Severance Pay	☐	☐	☐	☐	☐
Shift Scheduling	☐	☐	☐	☐	☐
Vacation Leave	☐	☐	☐	☐	☐
Work Assigned/Seniority	☐	☐	☐	☐	☐

	1	2	3	4	5
Extended Health Care	☐	☐	☐	☐	☐
Hours of Work	☐	☐	☐	☐	☐
Layoff and Recall	☐	☐	☐	☐	☐
Maternity Lv. of Absence	☐	☐	☐	☐	☐
Occup. Health & Safety	☐	☐	☐	☐	☐
Paid Medical Premiums	☐	☐	☐	☐	☐
Pension Plan	☐	☐	☐	☐	☐
Shift Premiums	☐	☐	☐	☐	☐
Short Term Illness Plan	☐	☐	☐	☐	☐
Wages	☐	☐	☐	☐	☐

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PART E—OTHER ISSUES

(please list in order of priority any other issues which are important to you.)

Your bargaining committee looks forward to your input.

Staff Representative, Rob Wotherspoon

PLEASE RETURN TO THE BCGEU KELOWNA AREA OFFICE
1064 Borden Ave, Kelowna, BC, V1Y 6A8
area07@bcgeu.ca
fax: 250-763-9233/1-800-946-0252
by 5:00 p.m.
Friday, December 6, 2019

FA-507
MoveUP
/pmf