



WEST PARK CROSSING 2021 BARGAINING SURVEY

**Please return your completed survey to
SELENE DESJARDINS or RUBILYN MERCENE by
FRIDAY SEPTEMBER 10, 2021**

WHAT IS YOUR OPINION?

Please take the time to fill out your bargaining survey. Let us know what you consider to be priorities in our upcoming round of negotiations. Your bargaining team is very interested in your input, so feel free to provide as much detail as you like and add more pages needed. Thank you in advance for sharing your thoughts about your bargaining issues and priorities.

ABOUT YOU:

We would like to know a little bit about you and where you work.

Your Work

Department/Wing: _____

Job Classification: _____

Employment Status: Full-Time Part-Time Casual **Years of Service:** _____

You (Demographic information)

Gender: M F Prefer not to answer **Age Group:** 18-24 25-34 35-44 45-54 55+

ABOUT YOUR BARGAINING ISSUES AND PRIORITIES:

WAGE AND WAGE-RELATED ISSUES

“Wage” refers to your hourly rate of pay. “Wage-related” refers to things such as shift premium, weekend premium, overtime, and a health and dental benefits plan.

A larger general wage increase OR larger wage-related changes? Wage Wage related



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What would you consider an achievable satisfactory wage increase?	1%	2%	3%
How many years should the contract be?	3	4	5
Would you like to see more steps in each pay band for experience/seniority?		YES	NO

WORKLOAD ISSUES

For YES/NO answers, please circle your choice.

Has your workload increased since 2017?			YES	NO
Do you regularly work through your coffee breaks or meal periods?			YES	NO
Do you regularly work beyond the end of your shift?			YES	NO
How often are you short staffed on your shifts?	NEVER	SELDOM	USUALLY	ALWAYS
Does the Employer attempt to replace staff when they are away?	NEVER	SELDOM	USUALLY	ALWAYS
Does the Employer take away certain duties from staff when short staffed?	NEVER	SELDOM	USUALLY	ALWAYS
Do you put in for overtime when you regularly work through your coffee breaks or meal periods beyond your scheduled hours of work?			YES	NO
Would you report workload concerns to your employer utilizing Occupational Health & Safety incident reports?			YES	NO
Does the Employer have the right number of staff on each shift?			YES	NO
Does the Employer have the right number of each job classification (staff mix) on each shift?			YES	NO

OCCUPATIONAL HEALTH & SAFETY

Do you know who your SEIU Representative is on your OH&S Committee?		YES	NO
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Do you know how to report an OH&S concern to the committee?	YES	NO
Do you report OH&S concerns to the committee?	YES	NO
Does your Manager/Supervisor address and correct safety issues promptly?	YES	NO
Is safety items such as personal protective equipment (PPE) the right kind, of sufficient quantity and replaced as needed?	YES	NO

In your opinion, what additional measures could be taken to reduce safety issues?

VACATION ISSUES

“Vacation” refers to annual vacation leave. Some issues include accrual rate, scheduling, ability to take when wanted, number of choices, rules about number of staff away.

In the past 24 months, have you been denied vacation leave?	YES	NO
If YES, were you told why?	YES	NO
Was the answer satisfactory?	YES	NO
Does the Employer schedule casuals to cover vacation requests?	YES	NO

LEAVE OF ABSENCE ISSUES

Leave-of-absence means provision for you to take time off work, with or without pay. Leaves-of-absence include general leave, maternity leave, adoption leave, parental leave, pressing necessity leave, medical care leave, bereavement leave, education leave, jury or court witness leave, sick leave, union leave. What improvements or changes would you like to see?

In the past 24 months, have you been denied a leave of absence?	YES	NO
If YES, were you told why?	YES	NO



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Was the answer satisfactory? YES NO

Does the Employer schedule casuals to cover leave of absence requests? YES NO

HOURS OF WORK ISSUES

Hours of work issues may include work assignment, overtime, shift work, rest periods, scheduled days off, extended shifts, minimum report period. Please mark the hours of work issue that concerns you the most.

☐ Rest Periods ☐ Overtime ☐ Shift Work
☐ Scheduled days off ☐ Extended Shifts ☐ Other (please specify below)

CALL-IN

Is the call-in system work well for you and your co-workers? YES NO

As Part – Time/ Casual staff in your department/service, are you regularly offered/scheduled call-in work to the full extent of stated availability? YES NO

Are there enough casual employees on your department/service call in list? YES NO

Do you have difficulty accessing time away from work due to limits on casual staff coverage for replacement? YES NO

JOB SECURITY ISSUES

Job security issues usually include job posting provisions, lay-off provisions, guaranteed hours, casual status, work by volunteers, contracting out, seniority and benefits portability. Please mark the job security issue that concerns you the most.

☐ Job posting provisions ☐ Lay-off provisions ☐ Guaranteed hours
☐ Casual status ☐ Contracting out ☐ Other (please specify below)



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ABSENCE FROM THE WORKPLACE

Has the Employer asked you to attend meetings to discuss your absence from the workplace due to disability or illness?	YES	NO
Has the Employer pressured you to return to work (even to “light duties”) from an injury or disability prior to your recovery?	YES	NO
Has the Employer tried to communicate directly with your physician/care provider without your permission?	YES	NO
Have you been denied/asked to not accept call-in work because of your sick leave usage/attendance record?	YES	NO
Have you been denied/asked to not accept overtime because of your sick leave usage/attendance record?	YES	NO
Have you been denied a job posting because of your sick leave usage/attendance record?	YES	NO

OTHER ISSUES

Are there any issues not covered in the survey that you feel are important. Please use this space and any extra pages to let us know about **your** issue(s).

Thanks for taking the time to fill out this survey. Your input is important!