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**Contract Negotiations Survey**

*Please take a few minutes to complete and return the following questionnaire. Your information will be used to draft a proposal for upcoming contract negotiations.*

***We ask that you return this confidential survey by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*** *This will give the committee time to compile your information before the first proposal meeting.*

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home or Mobile Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **May We Text you at this number?** Y or N

 **Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Average hours per week?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What position do you currently hold and at what location?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How long have you worked there?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What issues do you think are *most* important? (**Please circle your top 5**)

* Pay/Pay Scales
* Health Insurance
* Pension Retirement Plan
* Sick Leave
* Vacation
* Leaves of Absence
* Seniority in regard to:
	+ Promotion
	+ Shift Bidding
	+ Hours
* Scheduling Practices
* Job Security
* Health and Safety Issues
* Training
* Grievance Procedure
* Other: Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What issues do you think are *most* important? (**Please select top 5**)

* Pay/Pay Scales
* Health Insurance
* Pension Retirement Plan
* Patient Care
* Sick Leave
* Vacation
* Leaves of Absence
* Seniority in regard to:
	+ Promotion
	+ Shift Bidding
	+ Hours
* Scheduling Practices
* Job Security

**Please suggest specific changes you want to see in the following areas.** If you think no changes are needed in a given area, you can leave that item blank.

Pay/Pay Scales:

Health Insurance:

Pension/Retirement Plan:

Sick Leave:

Vacation:

Seniority:

Scheduling Practices:

Job Security (includes issues around seniority, layoffs, and contracted-out work):

Health & Safety Concerns:

Training:

Other:

Please share any additional thoughts/ ideas you have about our upcoming negotiations:

**Are you interested in participating in the Contract Action Team?** € Yes € No

The Contract Action Team (CAT) members help keep co-workers informed about what’s happening in bargaining, and serve as key contacts for Union Reps. *If “yes” please provide the following information:*

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home/Mobile Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like to nominate yourself or a co-worker to serve on the Negotiating Committee?** € Yes € No

This means representing your co-workers in negotiations and coming to some additional meetings before or after work. Negotiations generally take place during work hours, and the Union will reimburse your for lost wages. *If “yes”, please provide the following information*:

**Name (yours or co-worker):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you prefer to receive bargaining updates via E-mail?** € Yes € No

Make sure you noted your e-mail address on the first page of this survey.

Do you have any additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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