

Dear CUPE Member:

Your union local will be entering negotiations for your first collective agreement soon. CUPE will seek a freely negotiated settlement that addresses the priorities and concerns of its members.

WE NEED YOUR INPUT. The results of this survey will inform our proposals for the upcoming bargaining. Members will be able to amend, complement, and approve CUPE proposals at a special meeting to be held before negotiations with the employer start. Although all your interests may not be met, the bargaining committee will do everything it can to reach the best possible deal for the members

Please complete this survey and return it on or before **Friday, July 24, 2020.**

1. EMPLOYMENT BACKGROUND

a) What is your payroll number?¹ _____

b) What is your employment status?

- Permanent Full-Time Temporary Full-Time
 Permanent Part-Time Temporary Part-Time

c) How many years have you worked for EPCOR?

- 0–2 3–5 6–10 11–15 16–20 21–25 26+

d) What is your main job classification? _____

e) What is your work area? _____

2. WAGES

CUPE will seek a wage increase during the upcoming negotiations. Please indicate the term of agreement and the wage increase that you think the union should seek.

a) What should be the length of the new collective agreement?

- 1 year 2 years 3 years

b) For each of the years of the new collective agreement, what percentage wage increase should we seek?

Wage Increase	Year 1	Year 2	Year 3
0.0% to 1.0%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1% to 2.0%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1% to 3.0%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1% to 4.0%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1% or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. OTHER PRIORITY ISSUES

a) Please **rank** the following issues from “most important” (1) to “less important” (10) in the next round of negotiations:

	Rank from 1 to 10
Shift Differential	
STIP	
Grievance Time Limits	
Bereavement Leave	
Standby Pay	
Position Review (Reclass/Regrade)	
Personal Leave	
Contracting Out	
Overtime Compensation	
Other: _____	

*Please assign each number only once. So that **1** indicates the most important issue, **2** the second most important issue, **3** the third most important issue, etc. **10** should indicate the least important issue.*

4. HEALTH BENEFITS

a) Do you have access to health benefits through EPCOR? Yes No

b) Please indicate your satisfaction with the following health benefits:

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Prescription drugs coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical items (e.g. orthopedic shoes, braces, diabetic equipment, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional services (e.g. chiropractor, physiotherapist, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. WORKING CONDITIONS

Workload

a) Are you able to complete all the work you are assigned in the time you are allowed?

Yes No

b) Do you choose to work additional unpaid time in order to get jobs finished?

Yes No

c) Do you usually work through your scheduled breaks to get jobs finished? Yes No

5. WORKING CONDITIONS

Workload

d) Have you worked overtime in the past year? Yes No

i) If yes, how were you compensated? Banked Time Paid Out Neither

Health and Safety

e) Do you have any of the following concerns related to health and safety?

	Yes	No
Lack of employer-sponsored training related to health and safety policies/procedures	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient information about risks/hazards in the workplace	<input type="checkbox"/>	<input type="checkbox"/>
Lack of protection to report incidents or refuse unsafe work	<input type="checkbox"/>	<input type="checkbox"/>
Lack of employee participation on OHS discussions (i.e. through an OHS representative)	<input type="checkbox"/>	<input type="checkbox"/>

f) On a scale of 1 to 9, how concerned are you about your personal safety at work?

Not Worried	1	2	3	4	5	6	7	8	9	Very Worried
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g) On a scale of 1 to 9, how would you rate your employer’s commitment to prevent workplace violence?

Not Committed	1	2	3	4	5	6	7	8	9	Very Committed
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6. UNION ENGAGEMENT

Success at the bargaining table will require us to demonstrate a strong, united front from all our members.

a) In what activities would you participate to help build our collective power? (Check all that apply)

- Keeping myself informed
- Attending meetings and social events
- Helping my coworkers stay informed
- Wearing CUPE buttons/clothing
- Participating in rallies and other activities
- Other: _____

7. PERSONAL BACKGROUND

a) What is your gender identity?

- Male
- Female
- Genderqueer/Non-binary

b) What is your age?

- 20 or less
- 21-30
- 31-40
- 41-50
- 51-60
- 61-65
- 66 or more

