

## MoveUP Bargaining Survey - CUPE BC and Locals

### CUPE BC and Locals - Bargaining Survey

This survey can also be found online at [MoveUPTogether.ca](http://MoveUPTogether.ca). Go to the Your Workplace tab then choose Your Bargaining Unit from the workplace list. Please fill the survey out only once, either as a hard copy or online. The deadline to complete the survey and return it to the office is June 25, 2018 by 4:30 pm.

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### Wages and Agreement Length

1. Most collective agreements have defined terms of one to three years. Check the box of the length of the time you would like to see for your agreement.

- ☐ One year.
- ☐ Two years.
- ☐ Three years.
- ☐ Other (please specify)

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### Sick Leave and Short/Long-Term Disability

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2. Do you feel your current sick leave entitlement (2 sick days credited every month worked, limit of 50 days max) is adequate?

- ☐ Yes
- ☐ No

3. If no, what improvements would you like to see to your sick leave entitlements?

4. Should we prioritize sick bank pay out upon retirement during bargaining? Please explain:

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### Benefits, Dental, Vision and Extended Health

5. Are changes needed to the current dental, extended health or vision benefits?

☐ Yes

☐ No

6. Please rate the benefits 1, 2 and 3 in the priority they need to be improved, 1 being the most in need and 3 being the least in need.

	1	2	3
Dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. What other benefits (child care reimbursement, fitness reimbursement, transit pass reimbursement, etc) would you like to see negotiated into the Collective Agreement? Please explain:

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### Employment Security

8. Are you concerned at this time that some of your work is currently being performed by non-MoveUP personnel?

☐ Yes

☐ No

☐ I don't know

9. If MoveUP work is being performed by non-MoveUP personnel, please provide details:

10. Are you concerned at this time that you may be laid-off from your current position?

- ☐ Yes
- ☐ No
- ☐ I don't know

11. If yes, or I don't know, please explain:

12. Do you feel your current severance pay for lay-off, which is one week for every year of service up to a maximum of eight weeks, is adequate?

- ☐ Yes
- ☐ No
- ☐ I don't know

13. If no, or I don't know, please explain:

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Job Posting and Evaluation/Classification

**Job Posting and Evaluation/Classification**

14. Do you feel you are fairly compensated and properly assigned in the job classification of your current role?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ Please explain:

15. What improvements would you like to see to the job titles, descriptions and salary categories?

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### Hours of Work

16. Do you have any concerns with the current hours of work and schedule in your role?

- ☐ Yes
- ☐ No
- ☐ I don't know

17. If yes, please explain:

18. Would you be interested in flex hours or the ability to work from home?

- ☐ Yes
- ☐ No
- ☐ I don't know

19. If yes, please explain:

20. Are changes needed to the Collective Agreement to ensure workplace safety and health?

- ☐ Yes
- ☐ No
- ☐ I don't know

21. If yes, please explain:

22. Do you feel your employer recognizes and accommodates maintaining positive mental health in the workplace?

- ☐ Yes
- ☐ No
- ☐ I don't know

23. Please explain:

**Conclusion of Survey**

24. Is there anything you would like to see negotiated into your Collective Agreement? Please explain: