



B.C. GENERAL EMPLOYEES' UNION

1064 Borden Ave., Kelowna, B.C. V1Y 6A8 Email: Area07@bcgeu.ca Fax: 1-800-946-0252

BARGAINING QUESTIONNAIRE

PART A—EMPLOYER INFORMATION

Childhood Connections-Okanagan Family & Childcare Society

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: \$ _____/hour

Hourly 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

Current Benefits (please check)	Cost Sharing (i.e. 50/50 or):	Current Benefits (please check)	Cost Sharing (i.e. 50/50 or):
<input type="checkbox"/> Medical		<input type="checkbox"/> Long Term Disability	
<input type="checkbox"/> Extended Health		<input type="checkbox"/> Life Insurance	
<input type="checkbox"/> Dental		<input type="checkbox"/> Pension	
<input type="checkbox"/> Sick Leave		<input type="checkbox"/> Other	

How do you qualify to receive health and welfare benefits i.e. minimum number of hours worked, or?

Are you required to use your own vehicle for employer's business? Yes No

If you receive a mileage allowance, how much is it? _____ / kilometre _____ other.

PART D—PRIORITIES

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

	1	2	3	4	5		1	2	3	4	5
Dental Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hours of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Layoff and Recall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Disability Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maternity Lv. of Absence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mileage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occup. Health & Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime Provisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid Medical Premiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pension Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severance Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shift Premiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shift Scheduling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short Term Illness Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Assigned/Seniority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

PART E—OTHER ISSUES

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

COMMENTS:

PART F—OTHER EMPLOYERS

Do you work for another employer as well? Yes No

If yes, please answer the following:

(a) What employer? _____

(b) Are the employees represented by a union? Yes No

(c) What type of work do you perform for this other employer?

Your bargaining committee looks forward to your input.

Bargaining Committee:

Staff Representative:

Cindy Polachic

Darla Holmwood

Michelle Allanson

PLEASE RETURN TO THE BCGEU OKANAGAN AREA OFFICE BY: MAY 30, 2023

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Fax: 1-800-946-0252