

## **Bargaining Survey**

#### Welcome

Dear CUPE Local 402 Members,

Our collective agreement expired on December 31, 2020. In preparation for upcoming contract negotiations, please fill out this bargaining survey. Your participation is essential to ensure any negotiations reflect your priorities. This survey is anonymous.

If you have any questions or concerns please contact the Local 402 office at 604-543-3822 or via email at cupeoffice@cupe402.com.

#### **About You**

This information is collected for statistical purposes, so we can determine whether different groups experience the workplace differently. This survey is anonymous. Any information that could be used to identify you will be separated from your responses.

1. WHAT IS YOUR	AGE?	
24 or under	35 to 44	○ 55 to 64
○ 25 to 34	○ 45 to 54	○ 65 and over
2. WHICH GENDER	R DO YOU IDENTIF	Y AS?
Man	O Non-binary	O Prefer not to say
○ Woman	Other	
3. DO YOU IDENTI	FY AS? (PLEASE	CHECK ALL THAT APPLY)
o a person of Indig	enous descent	
a person of colou	ur or racialized	
OLGBTQ2+ (lesbia	an, gay, bisexual, tra	nsgender, transsexual, intersex, queer, two-spirited)
o a person with a c	disability (physical, m	ental, visible or invisible)
onone of the abov	e	-

4. HOW MANY YEARS HAVE YOU W	ORKED WITH THE CITY OF SURREY?
○ 1 year or less	Over 10 years and up to 15 years
○ 1 year and up to 3 years	Over 15 years and up to 20 years
Over 3 years and up to 5 years	Over 20 years
Over 5 years and up to 10 years	
5. WHAT DEPARTMENT DO YOU WO	PRK IN?
6. WHAT LOCATION DO YOU WORK	AT?
6. WHAT LOCATION DO YOU WORK	AT?
6. WHAT LOCATION DO YOU WORK	AT?
6. WHAT LOCATION DO YOU WORK	AT?
6. WHAT LOCATION DO YOU WORK  7. WHICH OF THE FOLLOWING BESTEMPLOYMENT STATUS?	
7. WHICH OF THE FOLLOWING BES	
7. WHICH OF THE FOLLOWING BES' EMPLOYMENT STATUS?	T DESCRIBES YOUR CURRENT

#### **Temporary and Auxiliary Workers**

Questions 8 to 12 are for temporary and auxiliary workers only. All other members proceed to question 13

8. IN AN AVERAGI OF SURREY?	E YEAR, HOW MAN	Y MONTHS DO YOU WORK FOR THE THE CITY
○ 1 month	○ 5 months	○ 9 months
O 2 months	○ 6 months	◯ 10 months
○ 3 months	○ 7 months	O 11 months
O 4 months	○ 8 months	ousually I work a full year
9. HOW MANY DA	YS PER WEEK DO	YOU USUALLY WORK FOR THE CITY OF SURREY?
◯ 1 day	◯ 5 days	
◯ 2 days	○ 6 days	
◯ 3 days	○ 7 days	
◯ 4 days	O there is no usual	l, my days vary widely from week to week
10.ON AVERAGE I OF SURREY?	HOW MANY HOURS	S A WEEK DO YOU WORK FOR THE CITY
C Less than 10 hou	urs	○ 30 to 40 hours or more
○ 10 to 19 hours		Over 40 hours
20 to 29 hours		Othere is no average, my hours vary weekly
11. IS YOUR EMPL IN ADVANCE?	OYER PROVIDING	YOUR WORK SCHEDULE AT LEAST ONE WEEK
○ Always		○ Some of the time
○ Most of the time		○ Never
○ Half of the time		

## 12. PLEASE INDICATE WHETHER THE FOLLOWING STATEMENTS ARE TRUE OR FALSE.

	True	False	Not Applicable
I would like more hours or to work more months of the year	0	0	0
I would prefer access to the benefits plan over the current in-lieu pay	0	0	
I would like permanent status with the City of Surrey	0	0	0
I work temporary full-time or as an auxiliary by choice because it fits my lifestyle	0	0	0

# **Member Priorities for Improving Collective Agreement Benefits**

	Wages
	Vacation improvements
	Hours of work (flexible schedules, earned day-off, etc)
	Benefits improvements
	Leave improvements (family, sick, and other leaves)
	Auxiliary worker access to benefits
)(	Seniority rights for auxiliary workers (for scheduling and hiring, etc)
_E	
_E	ASE PRIORITIZE THE FOLLOWING BY RANKING THEM 1 - 4.
E	ASE PRIORITIZE THE FOLLOWING BY RANKING THEM 1 - 4.  1 being most important and 4 being the least important to you.  Paramedical Improvements (physio, naturopath, chiropractor,
E.	ASE PRIORITIZE THE FOLLOWING BY RANKING THEM 1 - 4.  1 being most important and 4 being the least important to you.  Paramedical Improvements (physio, naturopath, chiropractor, massage, psychologist, acupuncturist etc.)

#### **Union Awareness**

### 15. PLEASE INDICATE WHETHER THE FOLLOWING STATEMENTS ARE TRUE OR FALSE BASED ON YOUR EXPERIENCES.

	True	False	No, but I would like to this year
I know where to find my collective agreement	0	0	0
I have read my collective agreement	0	0	0
I know how to get in touch with my union	0	0	0
I have attended a union meeting	0	0	0
l have attended a union event	0	0	0
plan to attend a union meeting	0	Ó	0
plan to attend a union event	0	0	0
know who my union reps are	0	0	0
know when the union meetings are	0	0	0
16. ARE THERE ANY OTHER CONCERNS YOU HAVE OR IS THERE ANYTHING ELSE YOU WOULD LIKE			

THANK YOU FOR COMPLETING THE SURVEY.

All survey responses are confidential

## **How to Return Your Survey:**

- Interoffice mail to the Union office
- · Give to an Executive Member or Shop Steward
- Fax 604-543-3842 Email: cupeoffice@cupe402.com
- Drop off at the union office : 5699-176th Street Monday Friday 8am-4pm

For a List of Executive Members – www.cupe402.com