

CONTRACT SURVEY/QUESTIONNAIRE

WHAT ARE YOUR NEGOTIATION PRIORITIES?

Please fill out this survey/questionnaire as complete as possible. A good contract depends on your input. In order to help prepare, we're asking all employees to identify their own personal list of top bargaining demands which they would like to see AFSCME take to the bargaining table. This survey is a key part of bargaining preparation, so please fill it out completely.

When complete, return to your Chief Steward, Local President or Chapter Chairperson

Part 1. Non-Economic Issues

Are your working conditions and work area adequate? (Check appropriately)

- (a) Restroom facilities? Yes No
- (b) Employee lounges, locker space? Yes No
- (c) Work area free of health & safety hazards? Yes No
- (d) Is your area properly secured from strangers wandering in? Yes No
- (e) Is the work in your area distributed equally? Yes No
- (f) Is overtime distributed equally? Yes No
- (g) Are there designated areas for lunch & breaks? Yes No

➤ What are your **top priorities** for bargaining? [List up to five (5)]

- (1) _____ (4) _____
- (2) _____ (5) _____
- (3) _____

➤ Who is affected?

(Check all that apply and place the number from above next to whichever they associate with below)

- ___ Myself () () () () ()
- ___ My Worksite () () () () ()
- ___ My Class () () () () ()
- ___ The Union as a whole () () () () ()

➤ In your view, how should these problems be solved? [Use same numbering as above]

➤ What are you prepared to do to help win these priorities? (For instance: picket, write literature, strike, leaflet, wear buttons, work phone banks, rally, lobby, send letters or faxes) [Use same numbering as above]

Part 2. Economic Issues

A. How much of a pay increase do you feel is acceptable for each contract year?

1 st Year	2 nd Year	3 rd Year
0 - 2% <input type="checkbox"/>	0 - 2% <input type="checkbox"/>	0 - 2% <input type="checkbox"/>
3 - 5% <input type="checkbox"/>	3 - 5% <input type="checkbox"/>	3 - 5% <input type="checkbox"/>
5 - 7% <input type="checkbox"/>	5 - 7% <input type="checkbox"/>	5 - 7% <input type="checkbox"/>
Other _____%	Other _____%	Other _____%

B. The current medical insurance plan you have, is it?

Excellent
Very Good
Good
Fair
Poor

Explain briefly the type of insurance: _____

What would you like to see changed/added, if anything: _____

C. Do you receive a uniform/clothing allowance: Yes No
If yes, how much? \$_____.

D. Does the Employer provide uniforms at no cost? Yes No
If yes, how many per year? \$_____.

E. Do you receive a shift premium payment? Yes No
If yes, how much? \$_____.

Would you like to see more? Yes No
If yes, how much? \$_____.

F. Which holidays do you have off with pay? _____

Are there additional holidays you would like to have off with pay? Yes No
If yes, which ones? _____

G. What improvements to your dental plan would you suggest, if any? _____

H. Do you have Funeral Leave with pay? Yes No

If yes, explain. _____

If no, what kind of language would you want? _____

I. What language would you suggest for the following items?

1. Illness Pay Plan (Sick Leave) _____

2. Vacations _____

3. Retirement _____

4. Tuition Assistance Program _____

5. Sub-contracting _____

6. Life Insurance _____

J. In order of importance to you, please rank issues (#1 being the most important):

____ Wages

____ Insurance (Life, STD, LTD)

____ Transfer/Promotion

____ Holidays/Vacation

____ Retirement

Please list and explain other benefits you feel should be included in your contract.
