**FORM A - EMPLOYER BACKGROUND INFORMATION**

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| --- |
| **Employer legal name:** |
| **Union(s):** |
| **Service division:** |
|  |
| **Employer’s Worksite(s)** |
| **Worksite Name** | **Address** | **Essential (Yes or No)** |
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***\*This page must be initialed by both the Employer and Union representatives***

Employer initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Union(s) initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM B - BARGAINING UNIT STAFFING**

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| --- | --- |
| **Employer legal name:** |  |
| **Worksite name:** |  |
| **Union:** |  |
| **Type of program:** |  |
| **Number of clients served:**  |  |
| **Brief description of clients:** |  |

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| --- |
| **NORMAL Bargaining Unit Staffing** |
| **Classification** | **Work Schedule** | **Shift Start/ End Times**  | **Hours per Day** **(a)** | **Days per Week****(b)** | **Number of Employees per Shift****(c)** | **Total Hours per Week****(a x b x c)** | **Notes** |
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| **ESSENTIAL** **Bargaining Unit Staffing** |
| **Classification** | **Work Schedule** | **Shift Start/ End Times**  | **Hours per Day** **(a)** | **Days per Week****(b)** | **Number of Employees per Shift****(c)** | **Total Hours per Week****(a x b x c)** | **Notes** |
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Employer initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Union initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM B-2 - SUPPORTED LIVING ONLY**

**CLIENT VISIT REPORT**

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| --- | --- |
| **Employer legal name:** |  |
| **Union:**  |  |

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| **NORMAL Visits** |
| **Client ID** | **Geographic Area** | **Supported Living Worker** | **Care Hours** | **Notes** |
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| **ESSENTIAL Visits** |
| **Client ID** | **Geographic Area** | **Supported Living Worker** | **Care Hours** | **Notes** |
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Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM C - MANAGEMENT AND EXCLUDED AREAS OF WORK**

|  |  |
| --- | --- |
| **Employer legal name:** |  |

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| --- | --- | --- | --- |
| **Name** | **Position Title** | **Worksites**  | **Notes** |
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Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM D - VOLUNTEERS**

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| **Employer legal name:** |  |

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| **Name** | **Worksites**  | **Notes** |
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Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM E - SIGNATURE LOG**

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| **Employer legal name:** |  |

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| **EMPLOYER** |  | **UNION** |
|  |  | **Union:** |  |
| **Name:** |  | **Name:** |  |
| **Title:** |  | **Title:** |  |
| **Full signature:** |  | **Full signature:** |  |
| **Initials:** |  | **Initials:** |  |
| **Dated:** |  |

|  |  |  |
| --- | --- | --- |
| **EMPLOYER** |  | **UNION** |
|  |  | **Union:** |  |
| **Name:** |  | **Name:** |  |
| **Title:** |  | **Title:** |  |
| **Full signature:** |  | **Full signature:** |  |
| **Initials:** |  | **Initials:** |  |
| **Dated:** |  |

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| --- | --- | --- |
| **EMPLOYER** |  | **UNION** |
|  |  | **Union:** |  |
| **Name:** |  | **Name:** |  |
| **Title:** |  | **Title:** |  |
| **Full signature:** |  | **Full signature:** |  |
| **Initials:** |  | **Initials:** |  |
| **Dated:** |  |

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| --- | --- | --- |
| **EMPLOYER** |  | **UNION** |
|  |  | **Union:** |  |
| **Name:** |  | **Name:** |  |
| **Title:** |  | **Title:** |  |
| **Full signature:** |  | **Full signature:** |  |
| **Initials:** |  | **Initials:** |  |
| **Dated:** |  |