**FORM A - EMPLOYER BACKGROUND INFORMATION**

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| **Employer legal name:** | | |
| **Union(s):** | | |
| **Service division:** | | |
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| **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**

|  |  |
| --- | --- |
| **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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Employer initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Union initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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:** |  | | | |

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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:** |  | | | |

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