**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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***\*This page must be initialed by both the Employer and Union representatives***

Employer initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Union initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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