**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_