

## FORM A - Employer Background Information

**Employer legal name** - Full legal name of the organization.

**Union** - The union or unions certified to represent employees at the Employer.

**Service division** - Service division your organization is in: Community Living Services, General Services, or Indigenous Services.

**Employer's Worksite(s)** - List the names of each worksite and their street address covered by your organization's Labour Relations Board certification. Employer to also indicate whether the program at the each worksite is essential.

If more space is required, please include information on a separate sheet(s).

**Reminder: Form A must be initialed by both the Employer and Union representatives and dated.**

## FORM B - Bargaining Unit Staffing

**One Form B should be completed for each worksite where essential services are going to be designated.**

**Note: Staffing for supported living is completed on Form B-2.**

**Employer legal name** - Full legal name of the organization. Matches the name on Form A.

**Worksite name** - Matches the name on Form A under Employer's Worksite(s).

**Union** - The union certified to represent employees at the worksite.

**Type of program** - Indicate the type of program; for example, group home (residential), transition home, crisis line, child care, drop-in program, shelter program, food program, guardianship program, child welfare/protection program, children and family program, etc. Remember supported living is completed on Form B-2.

**Number of clients served** - No explanation needed.

**Brief description of clients** - Describe the client population served; for example, aggressive behaviours, high medical needs, sight/hearing impairments, brain injury, dementia, mental health issues, severe allergies, etc.

## Normal Bargaining Unit Staffing

List the agency's normal staffing schedule for bargaining unit employees, including any lines that are vacant but should be filled.

**Classification** - As found in Appendix A - JJEP Wage Grid or Paraprofessional Wage Grid of the collective agreements.

Identify all of the shift schedules that employees work within each classification. Then, for each shift schedule, complete the following:

- 1) **Work Schedule** - Specify the days of work; for example, Monday to Friday.
- 2) **Shift Start/End Times** - For example, 9 am/4 pm.
- 3) **Hours per Day (a)** - For example, 7 hours (using shift start/end times of 9 am to 4 pm).
- 4) **Days per Week (b)** - For example, 5 days (using work schedule of Monday to Friday).
- 5) **Number of Employees per Shift (c)** - No explanation needed.
- 6) **Total Hours per Week (a x b x c)** - No explanation needed.
- 7) **Notes** - If applicable add anything specific or unique about the work schedule.

## Essential Bargaining Unit Staffing

Include the essential hours the Employer determines are required for bargaining unit employees only, taking into account the factors listed next. The essential staffing level must reflect the staffing necessary to prevent any threat to the health, safety, or welfare of the clients.

Prior to completing essential bargaining unit staffing, take into account the following factors:

- a) Determine what services that can be eliminated or curtailed and the services that the clients will need during a work stoppage.
- b) Identify clients that require specific staffing levels; for example, one to one care or 24 hour care.
- c) Consider duties and responsibilities that must be performed, or that can be curtailed or discontinued, during a work stoppage.
- d) Maintain legal and licensing requirements.
- e) Understand the relationship between staffing levels in related programs; for example, the need to increase staffing levels in group home settings if community inclusion programs are curtailed/closed.
- f) Compile a list of management and excluded personnel along with their qualifications, skills, and abilities and if applicable, their limitations.
- g) Prepare work schedules and assign worksites for management and excluded personnel separately so that you understand the impact on the essential services staffing levels of bargaining unit employees. Management's obligation is to work 150% of their regular schedule (to a maximum of

60 hours per week) but needs the flexibility to perform both assigned bargaining unit work and their own essential management duties during a work stoppage. Note that essential bargaining unit staffing in the Form B does not include management hours and the Form B schedules will appear to have gaps based in part on the deployment of management to bargaining unit work. Management schedules are not to be attached and should not be provided to the union.

### Completing essential bargaining unit staffing:

**Classification** - As found in Appendix A - JJEP Wage Grid or Paraprofessional Wage Grid of the collective agreements.

Identify all of the essential shift schedules that employees work within each classification. Then, for each shift schedule, complete the following:

- 1) **Work Schedule** - Specify the days the classification works; for example, Monday to Friday.
- 2) **Shift Start/End Times** - For example, 9 am/4pm or 9 am/3 pm. Essential schedules will either reflect the normal schedule (no change in hours) or a changed schedule (reduced hours). It is important to note the start and stop times or days of work of the essential bargaining unit staff especially if you are reducing the service hours per day or week.
- 3) **Hours per Day (a)** - For example, 7 or 6 hours using shift start/end times of 9 am to 4 pm or 9 am to 3 pm.
- 4) **Days per Week (b)** - For example, 5 days using work schedule of Monday to Friday
- 5) **Number of Employees per Shift (c)** - No explanation needed.
- 6) **Total Hours per Week (a x b x c)** - No explanation needed.
- 7) **Notes** - If applicable indicate if the work is not essential and being discontinued during job action or if continued, bargaining unit employee deployment is at zero because management will be deployed to the work. If bargaining unit staffing is reduced to **zero hours and no one** (no bargaining unit staff or management) is working a specific schedule, please indicate in the notes column “**zero non-essential**”. If bargaining unit staffing is reduced to **zero hours and management** (management only; no bargaining unit staff) is working, please indicate in the notes column “**zero essential**”. This designation will allow the Labour Relations Board to better understand what services are being discontinued during job action.

**Reminder: Each Form B must be initialed by both the Employer and Union representatives and dated.**

## FORM B-2 – Supported Living

**Complete only for supported living programs.**

**Employer legal name** - Full legal name of the organization. Matches the name on Form A.

**Union** – The union certified to represent employees in supported living.

## Normal Visits

Include the normal number of hours for each client for which supported living services are needed.

**Client ID** - Number each client for your records. For confidentiality reasons do not list the client name on the form.

**Geographic Area** - State the geographical area of the client.

**Support Living Worker** - If applicable list the client's specific supported living worker.

**Care** - State the number of visits/hours per week for each client.

**Notes** - Describe the care for each client. For example, assisting with medical appointments and planning; supporting with meal planning; learning how to cook; assisting with budgeting, personal banking, and other financial issues; supporting with BC Housing and/or landlord and building requirements; and offering community-based programs to enhance quality of life and social interaction, such as community cooking classes and community coffee groups.

Also, indicate any client specific instructions such as allergies, hearing impairments, sight impairments, laundry days, special instructions on entering the home (e.g., by the back door, key in mailbox).

## Essential Visits

Include the essential number of hours for each client for which support living services are needed.

**Client ID** - Number each client for your records. For confidentiality reasons do not list the client name on the form. Matches the number in the Normal Visits section.

**Geographic Area** - State the geographical area of the client.

**Support Living Worker** - If applicable list the client's specific supported living worker.

**Care** - State the number of visits/hours per week for each client.

**Notes** - Describe the care for each client. For example, assisting with medical appointments and planning; supporting with meal planning; learning how to cook; assisting with budgeting, personal banking, and other financial issues; supporting with BC Housing and/or landlord and building requirements; and offering community-based programs to enhance quality of life and social interaction, such as community cooking classes and community coffee groups.

Also, indicate any client specific instructions such as allergies, hearing impairments, sight impairments, laundry days, special instructions on entering the home (e.g., by the back door, key in mailbox).

**Reminder: Form B-2 must be initialed by both the Employer and Union representatives and dated.**

## FORM C - Management and Excluded Areas of Work

The Labour Relations Board requires a list of managers and excluded employees, and the areas where these people will be deployed to perform bargaining unit work during a work stoppage. If your organization has non-union programs, please do not list managers or the non-union bargaining unit equivalent employees who work in these non-union programs. Please however list the management and excluded staff who work in the administrative office and/or oversee the unionized programs.

Under the case law, management must dedicate a certain number of hours to bargaining unit essential services work. Management's obligation is to work 150% of their regular schedule (to a maximum of 60 hours per week) in the event of a work stoppage performing both bargaining unit work and their own essential management/excluded duties.

Remember: Management/excluded schedules are not to be attached and should not be provided to the union.

**Employer legal name** - Full legal name of the organization. Matches the name on Form A.

**Name** - List the names of all management and excluded staff to be deployed during essential services regardless of how much bargaining unit work they will perform.

**Position Title** - List their current position.

**Worksites** - List the areas of work in which they are to be deployed during the provision of essential services. Worksite names should match those listed on Form A under Employer's Worksite(s).

**Notes** - Identify who are the strike coordinator(s). CSSEA recommends at least one. Also if a manager or an excluded employee has a limitation (e.g., medical, religious, family obligations, compassionate care leave, etc.) please also indicate what they are in this section.

**Reminder: Form C must be initialed by both the Employer and Union representatives and dated.**

## FORM D - Volunteers

Volunteers have the option to cross a picket line and continue to provide service. The Labour Relations Board requires a list of these volunteers. Volunteers will continue their usual hours performing their usual duties and responsibilities. Their hours cannot be increased and they cannot perform bargaining unit work. Board members whose normal role is governance are not listed. Board members are prohibited from volunteering if their normal role is governance.

**Employer legal name** - Full legal name of the organization. Matches the name on Form A.

**Name** - List the names of volunteers who will continue to provide service during a work stoppage.

**Worksites** - List the areas of work in which they will be volunteering during the provision of essential services. Worksite names should match those listed on Form A under Employer's Worksite(s).

**Notes** - Describe the service they would normally provide.

***Reminder: Form D must be initialed by both the Employer and Union representatives and dated.***

## FORM E - Signature Log

A separate signature page that shows who from the employer and union(s) are authorized to sign the essential services plan.

For employers with one union, one signature box is completed.

For employers with more than one union, one signature box is completed per union.

***Remember: Forms A to E are incorporated into the Essential Services Order issued by the Labour Relations Board and can only be amended or altered by agreement with the union(s) or as ordered by the Labour Relations Board.***