



## B.C. GENERAL EMPLOYEES' UNION

Lower Mainland Area Office: 130 2920 Virtual Way, Vancouver, BC V5M 0C4 Ph. 604-215-1499  
Fax. 604-215-1410

### BARGAINING QUESTIONNAIRE

#### University Hill Kinderclub

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This questionnaire will be used by your Bargaining Committee to determine bargaining priorities for the upcoming negotiations with your Employer.

All individual responses will remain confidential.

*Please return the completed questionnaire to Staff Representatives, Jason Singh or Larisa Mills via facsimile at 604-215-1410, or by Daijela.Eres@bcgeu.ca or by mail to Suite 130-2920 Virtual Way, Vancouver, BC, V5M 0C4 by no later than **4:00 p.m. on Monday, October 2, 2023.***

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Are you familiar with our Collective Agreement? Yes ☐ No ☐

What is your Classification?: \_\_\_\_\_

Are you?:

- Regular Full-time ☐
- Regular Part-time ☐
- Auxiliary ☐

Please identify your top 5 bargaining priorities and rate in order of importance and ensure that you include enough detail above to allow the bargaining committee to clearly identify your priorities.

1. Please specify: \_\_\_\_\_

Must Have	_____
Should Have	_____
Like to Have	_____

Please identify why this issue is important to you:

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2. Please specify: \_\_\_\_\_

Must Have	_____
Should Have	_____
Like to Have	_____

Please identify why this issue is important to you:

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3. Please specify: \_\_\_\_\_

Must Have \_\_\_\_\_

Should Have \_\_\_\_\_

Like to Have \_\_\_\_\_

Please identify why this issue is important to you:

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4. Please specify: \_\_\_\_\_

Must Have \_\_\_\_\_

Should Have \_\_\_\_\_

Like to Have \_\_\_\_\_

Please identify why this issue is important to you:

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5. Please specify: \_\_\_\_\_

Must Have \_\_\_\_\_

Should Have \_\_\_\_\_

Like to Have \_\_\_\_\_

Please identify why this issue is important to you:

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6. For monetary improvements, please mark the following in order of priority (with #1 being the highest).

Wages \_\_\_\_\_

Benefits \_\_\_\_\_

Vacation \_\_\_\_\_

Sick Leave \_\_\_\_\_

Other Leave \_\_\_\_\_

Other \_\_\_\_\_

Specify: (i.e. vision care, dental, etc.) \_\_\_\_\_

Any additional comments?

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**If you would like more information about your Collective Agreement, or have questions about your Collective Agreement, please contact your local Chair, or your local Steward.**