

McMaster University/CUPE 3906 – Unit 1 (TA/RA in Lieu) Health and Safety Rep Payment Form

Article 18 – Health and Safety, CUPE 3906, Unit 1 Collective Agreement states: “Subject to the provisions of the Ontario occupational Health and Safety Act, the Employer agrees that the Union has the option to be represented by one current Union member on each of the Joint Health and Safety committees responsible for an area in which members of the bargaining unit are employed. Subject to the Act, the Union also has the option to be represented by one current bargaining unit member on the ‘Central Joint Health and Safety Committee.’ Employees shall exercise their rights under the Ontario occupational Health and Safety Act through these committees and as per the Act.”

The Occupational Health and Safety Act [Section 10 (5)] reads as follows: “...a member of a worker trades committee is entitled to such time from work as is necessary to attend meetings of the worker trades committee and the time so spent shall be deemed to be work time for which the member shall be paid by the employer at the member’s regular or premium rate as may be proper.”

The wage rates for Health and Safety Reps are classified according to the CUPE 3906, Unit 1 contract, as follows:

Schedule “A”

<u>Classification</u>	<u>Hourly Rate (September 09 – August 10)</u>
A – Holding an undergraduate degree	\$38.85/hour
B – Not holding an undergraduate degree	\$21.60/hour

Information below to be completed by all CUPE 3906, Unit 1 Health and Safety Representatives

Please provide details about the tasks completed, time spent and location of work requested by your supervisor. Obtain the CUPE Health and Safety Officer’s signature, provide a copy to CUPE, and return to your Department’s Administrative Coordinator for the processing of payment. Cheques will not be issued separately if you are currently receiving a regular pay. Payment will be made within one month after the completion of the work, subject to payroll deadlines.

CUPE Unit 1 Rep Name: _____ Employee # _____

Department: _____ Term/Year: _____

<u>Activity</u>	<u>Date</u>	<u>Location (if applicable)</u>	<u>Hours</u>
Preparation	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Meetings	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Investigations	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Total Time Spent on Post-Contract Work _____ **Hours**

Total Remuneration Due (based on hours x appropriate hourly rate)

CUPE H&S Rep Signature

Member Rep Signature

Date