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In preparation for the upcoming contract negotiations, please take a few minutes to complete this survey as the committee needs to know what issues are most important to you. Compiled answers and comments will be used as the main foundation for developing and prioritizing our proposals.

In Solidarity,
Your USW Essentia Health, Tech Workers Negotiating Committee

Please return completed surveys to Tuan Vu; Behavioral Health Tech at Miller Dwan, mail to the Local Office (see

***** CONFIDENTIAL INFORMATION** (used to follow up on any questions we may have)

NAME:	JOB TITLE & DEPT:
YRS WORKED @ ESSENTIA:	TOTAL YRS WORKED IN HEALTH CARE:
HOME MAILING ADDRESS:	EMAIL:
HOME/CELL:	<input type="checkbox"/> YES! I am interested in learning more about the communication team
ARE YOU A VETERAN? YES NO	<input type="checkbox"/> YES! I am interested in becoming a Red Book Steward

WAGES What would you like to see for a wage increase? _____

TOP PRIORITIES List the top 3 issues you feel should be addressed in these negotiations

1. _____
2. _____
3. _____

HEALTH INSURANCE BENEFITS

1. Are your health plan benefits adequate? YES NO NA (Circle Answer)
2. Are your dental plan benefits adequate? YES NO NA

If you answered "no", what should be changed? _____

SAFE STAFFING/WORKING CONDITIONS/HEALTH AND SAFETY

1. Are you, your job and/or patient care impacted by short staffing? **YES NO NA**

If yes, please describe the problem(s): _____

2. Are you regularly mandated to work above your FTE? **YES NO NA**

3. Do you regularly take your breaks and/or FULL lunches? **YES NO NA**

If no, please describe the problem(s): _____

VACATIONS/SICK LEAVE/PAID HOLIDAYS/LEAVES OF ABSENCE

1. Are your PTO benefits adequate? **YES NO NA**

2. Are you paid holiday benefits adequate? **YES NO NA**

3. Do you have any concerns regarding absences due to inclement weather? **YES NO**

Please describe any concerns: _____

SENIORITY

1. Does your department use seniority to make decisions about:

a. Shift schedules, overtime, and/or floating schedules? **YES NO NA**

b. Vacation usage and/or leave of absences? **YES NO NA**

DEPARTMENTAL AND JOB SPECIFIC ISSUES OR CONCERNS YOU WISH TO BE ADDRESSED

OTHER COMMENTS AND CONCERNS (Attach additional pages if needed)

