

THANK YOU FOR TAKING THE TIME TO GIVE US YOUR INPUT

2010 NYSUT/CWA NEGOTIATIONS SURVEY



What are YOUR priorities for your new contract? Your responses and comments are crucial to the bargaining process. Please take some time to think about what matters most to you and complete the following survey. After each section there is space for comments. In addition to your comments, we would like you to imagine you are on the bargaining team, then add the argument (justification) that you would present to NYSUT to support the change or addition proposed.

QUESTIONS? CONTACT YOUR STEWARD.

IF YOU WORK AT HQ - RETURN THE SURVEY TO YOUR STEWARD.

IF YOU WORK IN A REGIONAL OFFICE - RETURN SURVEY AT YOUR REGIONAL MEETING

IF YOU ARE NOT ATTENDING A MEETING, INTER-OFFICE TO YOUR STEWARD

PLEASE RETURN THIS SURVEY BY JANUARY 15, 2010

INFORMATION ABOUT YOU

Name (please print): _____ Daytime Tel: () _____

Regional Office/HQ Department: _____

Full-Time Part-Time (Hours Worked Per Week _____) Years of Service: _____

SALARY and OTHER COMPENSATION

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Salary				
Longevity Increase				
Anniversary Increase				
Promotional Increase				

COMMENTS & JUSTIFICATION (if relevant)

RETIREMENT & PENSION

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Retiree Health Insurance				
Pension				
401(k) Plan				

COMMENTS & JUSTIFICATION (if relevant)

PART-TIME ISSUES (part-time employees only)

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Please rank your overall experience as a NYSUT part-time employee				

COMMENTS & JUSTIFICATION (if relevant)

HEALTH BENEFITS

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Overall Satisfaction				
Medical Coverage				
Prescription Drug Coverage				
Vision Coverage				
Dental Coverage				
Section 125 ("Flex") Plan				

Which health plan are you presently covered by? (check one)

- Empire Matrix Plan
- Empire PPO
- Empire HMO
- Other HMO (which one)? _____

Is your coverage:

- Individual
- Two-Person
- Family

COMMENTS & JUSTIFICATION (if relevant)

LEAVES

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Sick Leave				
Family Sick Leave				
Bereavement Leave				
Child Care Leave				
Personal Leave				

COMMENTS & JUSTIFICATION (if relevant)

Are you in favor of creating a “leave donation program” whereby employees who, due to their own or family illness, have exhausted their sick and vacation leave may receive donations of vacation leave from other employees?

Yes No Comments? _____

VACATIONS & HOLIDAYS

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Holidays				
Annual Vacation				

COMMENTS & JUSTIFICATION (If relevant)

Are you in favor of doing away with the required July shutdown week? (This would not affect yearly vacation allowances.)

Yes No Comments? _____

CWA DAY

Are you in favor of having CWA Day in the fall instead of summer?

- Yes No

COMMENTS & JUSTIFICATION (If relevant)

OVERTIME

Please answer the following:

- I am satisfied with the amount of overtime I work each year
 would like more overtime
 would like less overtime

COMMENTS & JUSTIFICATION (if relevant)

MOST CRITICAL CONCERNS

Finally, we would like to know what issues are most crucial to you. Please rank the following contract issues numerically in order of importance beginning with "1" being the most important issue to you:

- Health Benefits
 Vacations
 Holidays
 Sick Leave
 Pension
 401(k)
 Retirement Health Benefits
 Salary
 Other (please list) _____
 Other (please list) _____
 Other (please list) _____

