



Update for April 14th, 2023

I know it's been a couple weeks since there's been an update and it has nothing to do with wanting to keep people in the dark or hiding anything – just been real busy with the OSBCU Convention for a week, then home for a few days, back to Niagara for a multi day Mental Health First Aid course, then Easter weekend and this week has been full up with bargaining prep and bargaining all day yesterday at the Ed Center.....so without further delay, here's your update for today!

Strike Pay cheques – There are still a few members who have not cashed their strike pay cheques. Those people should have received a call this week reminding them to cash them and here's another reminder – they will be stale dated soon and won't be able to be cashed and will not be replaced. Please make sure they are cashed or deposited to your banking institution in the next week or so in order that we can balance our accounts.

Dates to Remember -

Thursday April 27th – Shop Steward election – online voting as we normally do

Sunday, April 30th –April Union Meeting – HWETL Office – 10am – Nominations for 3 year Trustee

Sunday, May 28th – May Union Meeting – HWETL Office – 10am

Member vs Member Conflicts – We've discussed this at length before but just a reminder that in the workplace, everyone deserves respect. We have far too many complaints that members are not playing nice in the sandbox with each other and as a Local, we strive for equality and fairness with our members. Harassment and Code of Conduct violations have been and will be the subject of HR investigations that can and do result in Letters of Expectation, Letters of Discipline and at the extreme end – termination. You don't have to be friends and be buddy buddy with everyone you work with but you do have to be respectful and polite.

PD Day Coming Up! – Before you know it, hundreds of us will descend upon MacNab Secondary for our annual PD Day on July 6th. Morning snacks, lots of learning opportunities, a catered lunch and getting to see people we don't normally get to because of our assignments and schedules – and get paid for it! Mark the date on your calendar and we'll let you know when the registration is open for the day. And yes, as usual some of our locations have daycares that will be running so those schools have to be staffed that day. If you aren't interested in going to the PD Day, please let your supervisor know that you won't be attending and will be available to cover schools where maybe everyone wants to attend but they have a daycare.

Wellness Dept Update – There's a process for submitting your FAF form when you are returning to work from an injury or have been off sick for more than 5 days. You can download the form from our own website at www.cupe4153.ca and look under the Resources tab. Print off the form and take it to your doctor to fill out. **There are two ways to submit the form and they are both printed on the bottom of each page of the FAF. You can either fax it to the Wellness Dept or scan it and send it by email. If you don't have the ability to do either of those things, please ask your Doctor's office to help you with that. If they don't want to or can't - you can bring it to Janna in our office and we can help you with that.**

Taking a photo of your FAF and emailing to someone directly in Wellness will DELAY your information getting to the proper person. The board receives about 100 FAF forms per day and they are assigned by office staff who monitor the fax machine and email on the bottom of the FAF. They distribute them to the Wellness Reps who go through them and contact employees.

And yes, if you have been off for an extended period of time using sick time, the employer can ask for periodic updates on your condition or progress. That's totally legal and legit for them to do and members off for long periods shouldn't just shut off all emails or calls from the employer as every 4-6 weeks usually (depending on injuries, circumstances, expected return dates, etc.) you'll likely be asked for an update.

3 Year Trustee Nominations – With Marilyn MacAloney being successful in our last election for the Secretary Treasurer position, that means that she had to resign as our current 1 year Trustee with her term already scheduled to end in June. So, with that – Shelley Livingstone and Robert Desperak will continue after June as Trustees in the 1 and 2 year positions and we will elect a new 3 Year Trustee on June 22nd. We are taking nominations in April because there wouldn't be 30 days between nominations and an election if we waited until the May union meeting.

Contract Negotiations – Well, as much as I'd love to announce that we reached a tentative agreement with the employer yesterday after a very busy and productive day with the board, that didn't happen. I'm gonna take a bit to brag about your bargaining team. They have put hours and hours into developing proposals, checking with other Locals about possible language changes, meeting with OSBCU members about issues, meeting with CUPE National legal representatives about a once in a half century issue, refusing to accept concessions from the employer and really doing what is best for our entire Local. I also want to give a shout out to our members working at the Ed Center. They have been very helpful to us every time we have been at the Ed Center for entire days making sure we had what we needed to bargain on your behalf and encouraging us when they see us to keep up the good work.

I can share with you that we had a very busy day preparing on Wednesday at our office and we didn't leave the Ed Center yesterday until about 5:30pm after arriving around 7:30am. We had to stop bargaining for the day as members of the board's team were already scheduled to be in a board meeting starting at 6pm or we were willing and able to continue on until we reached a deal. The very good news is that we passed about 18 proposals to the employer, had some fulsome discussions about issues that we both want to see resolved in a mutually beneficial way and were able to agree on a number of outstanding issues. And the best part is – we haven't agreed to any concessions posed to us. And we will not agree to any concessions. We were able to make gains in some areas and when we have our ratification vote, those will all be laid out for you. We are hopeful that the employer can open up some time for us in the next week or so for more bargaining as both sides believe we are that close to having a deal. That light at the end of the tunnel at the top of the update – it got a whole lot brighter today as we got closer to the end of the tunnel. Closer to having a solid deal for our members for the next 3 ½ years, closer to having all our members pay updated to the Centrally negotiated raise amount, getting your retro pay to you and providing a safer workplace as well.

I share your frustration with how long this has taken but there was a number of issues we had to address and knowing this contract of 4 years was forced on us instead of the usual 3 years (because Doug and Stephen didn't want to deal with us right before their election in 2025) we had to look at things a little differently because we have to live with the language for a longer period of time. **I promise you, we're very close to the end of this process and as painful as it is to wait – it's just as painful to be in the room, going back and forth, trying to get it done for you. We all deserve a good contract that we can rely on and stand on for the next few years and that's what we're going to deliver to you.**

Again, a huge thank you to our entire bargaining team. Especially our National Rep Noelle. Unfortunately for us, Noelle has been successful in a permanent placement for her as a National Rep and will be assigned to Locals in the Peel Region. Noelle has been with us twice now on a temporary basis and has been invaluable to our Executive, stewards and Bargaining Team. Her knowledge, enthusiasm and insight and humor have proven to be a true blessing and asset for us. While we all wish her well and know that the Locals she will be serving are getting a great advocate and resource, we are sad to see her go. Noelle's last day with us will be April 24th.

Cheers,

Blake

HWDSB

CUPE MEDICAL CERTIFICATE

PART 1

The Board may request this medical confirmation in accordance with Article C6.1 h)

Part 2 of this is to provide the Employer with information to assess whether the employee is able to perform the essential duties of their position and to understand restrictions and/or limitations to assess workplace accommodation if necessary. Part 2 need only be completed for a return to work that requires an accommodation.

Employee information

Employee name

Employee ID

Work Location

Phone Number

Return completed form to the attention of:

Dear Health Care Professional,

Please be advised that the Employer has an accommodation and return to work program. The parties acknowledge that the employer has an obligation to provide reasonable accommodation to the point of undue hardship, and that the employee has an obligation to cooperate with reasonable accommodation measures. Consistent with this understanding, and with the objective of returning employees to active employment as soon as possible, we would ask the medical professional to provide as full and detailed information as possible.

I,

Hereby authorize my Health Care Professional(s),

To disclose medical information to my employer, in order to determine my ability to fulfill my duties as:

From a medical standpoint and whether my medical situation is such that it can support my sustained return to work in the foreseeable future. To this end, I specifically authorize my Health Care Professional(s) to respond to those question from my employer set out in the medical certificate dated:

(mm) (dd) (yyyy)

For my absence starting on (mm) (dd) (yyyy)

(signature of employee)

(dd)

(mm)

(yyyy)

Employee Name: _____

Health Care Professional: The following information should be completed by the Health Care Professional

First day of absence: (mm) (dd) (yyyy)

General Nature of Illness* (please do not include diagnosis):

Date of Assessment: (mm) (dd) (yyyy)

No limitations and/or restrictions Return to work date: (mm) (dd) (yyyy)
(For limitations and restrictions, please complete Part 2)

Health Care Professional: Please complete the confirmation and attestation in Part 3

PART 2 – Physical and/or Cognitive Abilities

Health care Professional to complete. Please outline your patient's abilities and/or restrictions based on your objective medical findings (please complete all that is applicable).

PHYSICAL (if applicable)

Walking:	Standing:	Sitting:	Lifting from floor to waist:
<input type="checkbox"/> Full abilities	<input type="checkbox"/> Full abilities	<input type="checkbox"/> Full abilities	<input type="checkbox"/> Full abilities
<input type="checkbox"/> Up to 100 metres	<input type="checkbox"/> Up to 15 minutes	<input type="checkbox"/> Up to 30 minutes	<input type="checkbox"/> Up to 5kg
<input type="checkbox"/> 100-200 metres	<input type="checkbox"/> 15-30 minutes	<input type="checkbox"/> 30 minutes-1 hour	<input type="checkbox"/> 5kg-10kg
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)

Lifting from waist to shoulder:	Stair climbing:	Use of left hand:	Use of right hand:
<input type="checkbox"/> Full abilities	<input type="checkbox"/> Full abilities	<input type="checkbox"/> Gripping	<input type="checkbox"/> Gripping
<input type="checkbox"/> Up to 5kg	<input type="checkbox"/> Up to 5 steps	<input type="checkbox"/> Pinching	<input type="checkbox"/> Pinching
<input type="checkbox"/> 5kg-10kg	<input type="checkbox"/> 6-12 steps	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)		

Employee Name: _____

Bending/twisting: Repetitive movement of (please specify)	Work at or above shoulder activity:	Chemical exposure to:	Travel to work: Ability to use public transit <input type="checkbox"/> Yes <input type="checkbox"/> No Ability to drive car <input type="checkbox"/> Yes <input type="checkbox"/> No
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PART 2 – Cognitive Abilities (if applicable)

Attention and concentration: <input type="checkbox"/> Full abilities <input type="checkbox"/> Limited abilities Comments	Following directions: <input type="checkbox"/> Full abilities <input type="checkbox"/> Limited abilities Comments	Decision- making/supervision: <input type="checkbox"/> Full abilities <input type="checkbox"/> Limited abilities Comments	Multi-tasking: <input type="checkbox"/> Full abilities <input type="checkbox"/> Limited abilities Comments
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Ability to organize: <input type="checkbox"/> Full abilities <input type="checkbox"/> Limited abilities Comments	Memory: <input type="checkbox"/> Full abilities <input type="checkbox"/> Limited abilities Comments	Social interaction: <input type="checkbox"/> Full abilities <input type="checkbox"/> Limited abilities Comments	Communication: <input type="checkbox"/> Full abilities <input type="checkbox"/> Limited Abilities Comments
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Please identify the assessment tool(s) used to determine the above abilities (*Examples: Lifting tests, grip strength tests, anxiety inventories, self-reporting, etc.*)

Additional comments on Limitations (not able to do) and/or Restrictions (should/must not do) for all medical conditions:

Employee Name: _____

Health Care Professional: The following information should be completed by the Health Care Professional

From the date of this assessment, the above will apply for approximately:

- 1-2 days 3-7 days 8-14 days 15+ days permanent

Have you discussed return to work with your patient? Yes No

Recommendations for work hours and start date (if applicable):

- Regular work hours Modified hours Graduated hours

Start date: (mm) (dd) (yyyy)

Is the patient on an active treatment plan? Yes No

Has a referral to another Health Care Professional been made?

Yes (optional, please specify): _____

No

If a referral has been made, will you continue to be the patient's primary Health Care Provider?

- Yes No

Please check one:

- Patient is capable of returning to work with no restrictions.
 Patient is capable of returning to work with restrictions. **(Complete Part 2)**

I have reviewed Part 2 above and have determined that the Patient is totally disabled and is unable to return to work at this time.

Recommended date of next appointment to review Abilities and/or Restrictions:

(mm) (dd) (yyyy)

Part 3 – Confirmation and Attestation Health Care Professional: The following information should be completed by the Health Care Professional

I confirm all of the information provided in this attestation is accurate and complete:

Completing Health Care Professional Name:

(Please Print)

Date: (mm) (dd) (yyyy)

Telephone Number:

Signature:

General Nature of Illness" (or injury) suggests a general statement of a person's illness or injury in plain language without any technical medical details, including diagnosis. Although revealing the nature of an illness may suggest the diagnosis, it will not necessarily do so. "Nature of illness" and "diagnosis" are not congruent terms. For example, a statement that a person has a cardiac or abdominal condition or that s/he has undergone surgery in that respect reveals the essence of the situation without revealing a diagnosis. Additional or follow up information may be requested as appropriate.