



TO: CAAT Support Local Presidents
CAAT Support Division Executive
CAAT Support Employee Employer Relations Committee
CAAT Support Bargaining Team

DATE: December 13, 2010

SUBJECT: 2011 CAAT Support Final Demand Setting Meeting

Dear Sisters and Brothers:

This is to advise you that Final Demand Setting Meeting has been called for:

DATE: February 12-13, 2011

HOTEL: DELTA CHELSEA
33 Gerrard Street West
Toronto, ON M5G 1Z4
Tel: 416-595-1975, Toll-Free: 1-888-890-3222

MEETING ROOM: Mountbatten Room

TIME: 9:00 a.m.

REGISTRATION: 8:00 a.m. - 9:00 a.m.

PLEASE NOTE: THIS IS A FRAGRANCE AND NUT FREE EVENT

Your delegate entitlement is according to the convention formula under Article 13.4 in the Constitution. The Local President shall be automatic first delegate and in his or her absence the Local Vice President.

Up to 150 Members	-	1 delegate
151 to 300 Members	-	2 delegates
301 to 500 Members	-	3 delegates
501 to 800 Members	-	4 delegates
801 to 1100 Members	-	5 delegates
1101 to 1500 Members	-	6 delegates
1501 to 1900 Members	-	7 delegates
1901 to 2300 Members	-	8 delegates
2301 or more Members	-	9 delegates

The quorum at any Final Demand Setting meeting shall be one-half of the registered delegates. The members of the current Bargaining Team, Employee Employer Relations Committee and the Divisional Executive are automatic delegates **in their own right**. They may attend over and

above their Local's entitlement, as do Executive Board Members.

Any alternate(s) / observer(s) accompanying delegates **are at the Local's expense**. Head Office will cover an alternate's expense **ONLY** where the alternate attends **instead of and in place of the delegate**. Please note that alternates, like delegates, must be elected.

Members will be responsible for booking their own accommodation. Please call Delta Chelsea at (416) 595-1975 Toll Free: 1-888-890-3222 and refer to the OPSEU CAAT Support Final Demand Setting Meeting block when booking. Book your accommodation prior to **January 11, 2011**.

In order to confirm your registration, please fax all forms no later than **January 11, 2011** to Arzo Zia at 416-448-7451 or scan and email to collectivebargaining@opseu.org

Attached is an Attendance and Advance form to be completed by each individual who will be attending. Please clearly identify your status, i.e. Delegate/Alternate/Observer.

The Attendance and Advance form must be signed by two Local officers.

Attached you will find the following documentation:

1. OPSEU Attendance and Advance Form
2. OPSEU Personal Assistance Request form
3. OPSEU Registration form for Childcare

LOCAL DEMAND SETTING MEETING

In accordance with the Negotiations Procedures, each local is instructed to convene a Local Demand Setting meeting for the purpose of setting and prioritizing their local's demands.

Each LEC should use the results of the Bargaining Issues Survey to help them formulate proposals to be presented to the members at the Local Demand Setting meeting. The members may then accept, reject or amend the proposals as they wish. This model is similar to the way resolutions are handled at Convention.

In solidarity,



Betty Cree
Chair

Authorized for Distribution



Warren (Smokey) Thomas
OPSEU President

- c: Executive Board
Betty Cree, Divisional Executive Chair
Rod Bemister, Employee Employer Relations Committee Chair
Brian Gould, Local Services Administrator
Gord Hamilton, CAAT Support Supervisor
Michael Culkeen, Sector Negotiator
Kay McDonald, Sector Assistant
Staff Representatives with bargaining unit assignments within CAAT Support



ATTENDANCE AND ADVANCE FORM

CAAT Support Final Demand Setting meeting

Delta Chelsea – February 12-13, 2011

MEETING LOCATION
Delta Chelsea
 33 Gerrard Street West
 Toronto Ontario M5G 1Z4
 Tel: (416) 595-1975
 Toll-Free: 1-888-890-3222

PERSONAL INFORMATION	LOCAL: _____ UNION # _____ NAME: _____ Last _____ First _____ HOME ADDRESS: _____ Street _____ City _____ Postal Code _____ PHONE NUMBERS: _____ Home _____ Business _____ E-MAIL: H _____ W _____
STATUS	Delegate <input type="checkbox"/> Alternate <input type="checkbox"/> Observer <input type="checkbox"/> Bargaining Team, Sector Executive or EERC <input type="checkbox"/> (Please check one only)
ACCOMMODATION Taxes not included Single: \$119.00 Twin Shared: \$59.50	Members will be responsible for booking their own accommodation. Please call the Delta Chelsea at (416) 595-1975 or Toll-Free: 1-888-890-3222 and refer to the OPSEU CAAT-S Final Demand Setting meeting block when booking. Book your accommodation prior to January 11, 2011. <ul style="list-style-type: none"> If you are bringing your spouse, you are to pay half of the cost of the room. If single accommodation is requested, you will be expected to absorb the difference between shared accommodation and single cost. OPSEU will pay accommodation only for delegates travelling in from more than 60 km.
BARGAINING UNIT INFO	Employer Name: _____
TIME OFF	<p><i>*Please complete in FULL</i></p> Time off letter required Yes <input type="checkbox"/> No <input type="checkbox"/> Dates: _____ Name of Employer Contact/ Title: _____ Employer: _____ Address: _____ _____ _____ Fax # and Email Address: _____ _____ <i>Please check off if you are attending on: Shift <input type="checkbox"/> Vacation <input type="checkbox"/> Regular Day Off <input type="checkbox"/> Work Day <input type="checkbox"/></i> <i>NOTE: Claims for lost wages must be accompanied by supporting documentation confirming the details of time off without pay. Own time will be paid to members using lieu days, accumulated credits or vacation days. Own time will not be paid for an unpaid day.</i>
ADVANCE	Required Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$ _____ Will you Fly <input type="checkbox"/> or Drive? <input type="checkbox"/> Sent to: Home <input type="checkbox"/> Pick-up at Conference <input type="checkbox"/> Regional Office <input type="checkbox"/> _____
CHILDCARE	Required Yes <input type="checkbox"/> Please complete the Childcare Form attached No <input type="checkbox"/> You must register by January 11, 2011 . OPSEU will not be responsible for childcare after the deadline.
SPECIAL NEEDS	Yes <input type="checkbox"/> No <input type="checkbox"/> Please complete Personal Assistance Request Form attached.

This form must be attested to by two officers of the Local sending delegates.

1. NAME (print) _____ Signature: _____
 Position on Local Executive: _____

2. NAME (print): _____ Signature: _____
 Position on Local Executive: _____

FAX to Arzo Zia at 416-448-7451 or EMAIL to collectivebargaining@opseu.org by January 11, 2011.



REGISTRATION FORM FOR CHILD CARE

CAAT SUPPORT FINAL DEMAND SETTING MEETING

DELTA CHELSEA – February 12-13, 2011

NOTE: Requests for on-site child care should be received by January 11, 2011 otherwise child care arrangements for on-site child care may not be made. Members who bring their children to the event without the required notice may be responsible for making their own Childcare arrangements. The Family Attendant Care section on the reverse side of the expense claim must be completed whenever family care or meals for dependant children are claimed.

Table with 4 columns: Child's Name, Age, Medical Problems Allergies, Special Care Needed, Health Card #

For what days and times will the child care be required?

Name of Parent (print) Signature

Home Address (Street) (Apt) (City) (Postal Code)

Phone #: (Home) (Bus)

Local # Union Number

NOTE: According to OPSEU policy:

- 1. Members who bring their child(ren) to union events will be entitled to single accommodation and meal expenses.
2. The meal allowance for children under the age of 13 years of age is 50 percent of OPSEU's standard meal allowance.
3. If a spouse accompanies the member and the child(ren) to an OPSEU function, the member should bear the cost of the private room and no expenses (travel or meals) will be paid for the child(ren) or the spouse.
4. All children (16 years or younger), accompanying delegates must be registered. If they are not registered, single accommodation and meals will not be honoured.
5. Child and dependant care claims must be signed by the care provider and may be verified by Head Office before reimbursement is made.

PLEASE FAX THIS FORM TO ARZO ZIA AT: 416-448-7451 OR SCAN AND SEND BY EMAIL TO: collectivebargaining@opseu.org BY JANUARY 11, 2011



PERSONAL ASSISTANCE REQUEST FORM

CAAT SUPPORT FINAL DEMAND SETTING MEETING

DELTA CHELSEA HOTEL – February 12-13, 2011

Last Name _____ First Name _____

Street _____

City _____ Postal Code _____

Phone (Work) _____ (Home) _____

Local _____ Union # _____

Blind or visually impaired _____

Deaf or hearing impaired _____

Wheelchair _____

I use crutches and need to be near an elevator _____

Allergies _____

Please specify any other special requirements _____

I will need special assistance in evacuating my room _____

Arrival Date _____ Departure Date _____

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SEND BY EMAIL TO: collectivebargaining@opseu.org BY JANUARY 11, 2011**