



FOLLOW-UP REGARDING SKILLED WORKER JOB POSTINGS

Questionnaire to be filled out each time that a skilled worker job position is posted, for both job titles that are covered by the 10% premium, as well as for those that are not covered by it. Some data might be difficult to collect. However, please try to answer as many questions as possible in view of the information that is available.

1. UNION FULL NAME:

Example: "Syndicat des travailleuses et des travailleurs du Lieu de travail XYZ"

2. CSN'S UNION NO.:

CSN's Union No. must all be in the following form: "12-34-567"

3. SECTOR:

- School Support Staff
- Cegep Support Staff

4. JOB CLASSIFICATION:

5. JOB POSTING NO.:

6. POSITION:

Regular Position:

- Full-Time
- Part-Time

Replacement:

duration specified on the job posting:

- Full-Time
- Part-Time

Temporary Workload Increase:

duration specified on the job posting:

- Full-Time
- Part-Time

7. SHIFT:

- Day
- Evening
- Night
- Rotation

8. FOR HOW MANY WEEKS WAS THE POSITION POSTED (ORIGINAL POSTING AND ANY SUBSEQUENT POSTINGS INCLUDED)?

9. POSTING PERIOD:

FROM:

TO:

10. HOW MANY SUBSEQUENT POSTINGS WERE NECESSARY?

11. WAS THE 10% PREMIUM INDICATED ON THE JOB POSTING?

Yes

No

12. NUMBER (APPROXIMATE) OF JOB APPLICATIONS RECEIVED:

13. WAS THE POSITION FILLED?

Yes

No

IF POSITIVE, PLEASE SPECIFY THE AGE (APPROXIMATE) OF THE CANDIDATE RETAINED:

DID THE CANDIDATE COME FROM THE PUBLIC OR PRIVATE SECTOR?

Public

Private

DID THE RETAINED CANDIDATE SATISFY THE POSITION'S NORMAL JOB REQUIREMENTS?

Yes

No

14. DID THIS POSTING INVOLVE A NEW POSITION?

Yes

No

IF NOT, WHY DID THE PREVIOUS INCUMBENT IN THE POSITION LEAVE THE POSITION?

Retirement

age (approximate) of the employee that left:

Left for a job in another sector (private)

age (approximate) of the employee that left:

Left for a job in another sector (public)

age (approximate) of the employee that left:

Change of position within the same establishment

Leave that was authorized by the collective agreement

Other

please specify:

15. OTHER COMMENTS:

Please return each completed form to the e-mail address infoccspp@csn.qc.ca or fax it to 514 529-3701