

MEMORANDUM

TO: All Local Presidents/Unit Stewards in BPS
Developmental Services Units
Members of the Developmental Services Sector
Executive

FROM: Sue Walker, Chair, Developmental Services Sector

DATE: August 14, 2009

SUBJECT: PROVINCIAL BARGAINING MEETING FOR DEVELOPMENTAL
SERVICES (SECTOR 2)

Dear Sisters and Brothers:

To continue to build on co-ordinated bargaining with a vision for future bargaining for all BPS Developmental Services agencies a one day bargaining meeting will be held:

DATE: September 23, 2009

HOTEL: Delta Chelsea
33 Gerrard Street West (at Young St.)
Toronto, ON
Tel: (416) 595-1975

MEETING ROOM: Mountbatten

TIME: 9:00 a.m. to 5:00 p.m.

REGISTRATION: 8:30 am to 9:00a.m.

All bargaining units in Sector 2, whether they are in bargaining in 2010 or not, are invited to send one representative to the meeting. This meeting will be attended by the bargaining team chair (if already elected) or the local president or highest-ranking local officer from each unit. The elected Sector Executive and Staff Representatives in this sector will also attend. Locals/bargaining units may send additional alternates at the Local's expense.

We have attached an Attendance/Advance Form and a Personal Assistance Request Form, which must be faxed to 416-448-7451 **Attention: Arzo Zia or emailed to collectivebargaining@opseu.org, NO LATER THAN September 1, 2009.** Please note that rooms cannot be guaranteed if we have not received your Credential Form by this date. The reservation code for your use if you are booking accommodation with the Delta Chelsea Hotel for this meeting is: **GCGDSB**. The 60 km rule is in effect for accommodation. OPSEU policy covers *shared* accommodation, so if someone wants their own room, they would need to cover the other half of the cost (or the local will cover the costs if your by-laws allow for this). If you request anything else, it will be your/the Local's responsibility to pay the difference in cost.

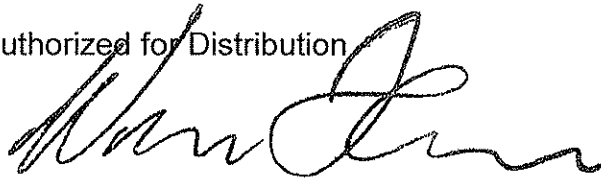
We encourage you to ensure that someone from your bargaining unit attends this meeting. It will be an excellent opportunity to network with other developmental services units and staff.

In solidarity,



Sue Walker
Chair

Authorized for Distribution



Warren (Smokey) Thomas
OPSEU President

c: Staff Representatives with bargaining units in Sector 2
Barry Casey, BPS Supervisor
Sean Wilson, Negotiator



**ATTENDANCE / ADVANCE FORM
DEVELOPMENTAL SERVICES (SECTOR 2)
PROVINCIAL BARGAINING MEETING
Wednesday September 23, 2009**

PERSONAL INFORMATION

LOCAL: _____ SIN/UNION # _____

Name: _____
Last _____ First _____

Home Address: _____
Street _____ City _____ Postal Code _____

Phone Numbers: _____
Home _____ Business _____

E-Mail: H _____ W _____

STATUS Delegate Alternate Sector Executive *(Please check one only)*

ACCOMMODATION Members will be responsible for booking their own accommodations. **Refer to OPSEU block when booking.**

REMINDER: Reservation Code is GCGDSB **Single: \$159.00 Double: \$79.50** (Taxes not included)

- 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

Your Collective Agreement provides for time off under local union business leave. You should advise your employer.

Time off letter required Yes No Dates: _____

****Please complete in FULL***

Name of Employer Contact: _____

Title: _____

Employer: _____

Address: _____

Fax #: _____

Email Address: _____

Please check off if you are attending on: Shift Vacation Regular Day Off

Work Day

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.

ADVANCE

Yes No

Amount \$ _____ Sent to: Home Meeting Regional Office

SPECIAL NEEDS

Yes No ***Please complete Personal Assistance Form attached***

IMPORTANT: Please complete and return this form by ***September 01, 2009*** to OPSEU, attention: ***Arzo Zia, Fax: (416) 448-7451 Email: collectivebargaining@opseu.org***



PERSONAL ASSISTANCE REQUEST FORM
DEVELOPMENTAL SERVICES (SECTOR 2)
PROVINCIAL BARGAINING MEETING
Delta Chelsea – September 23, 2009

LAST NAME _____ FIRST NAME _____

STREET _____

CITY _____ POSTAL CODE _____

PHONE (Work) _____ (Home) _____

LOCAL _____

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 _____

**RETURN THIS FORM TO: Arzo Zia Fax: (416) 448-7451 Email:
collectivebargaining@opseu.org (along with your Attendance / Advance Form) no later than
September 01, 2009.**