

COVID-RELATED LOCAL LAYOFFS AND MEMBER-POSITIVE TESTS

Please use this form to submit the requested information to your National Representative.

If you are updating information, please ensure you are entering revised totals.

CUPE LOCAL NO.		DATE OF REPORT:			
Employer:					
Unit:					
MEMBER TRACKING OF POSITIVE TESTS FOR COVID-19					
Was it a workplace transmission?		Yes		No	
Has the member recovered?		Yes		No	
Date of passing?		Y/M/D			
LAYOFFS DUE TO COVID-19					
Have layoffs been announced for this unit?		Yes		No	
Have members been asked to work from home?		Yes		No	
Have hours of work been reduced for members?		Yes		No	
Have members been redeployed within the bargaining unit?		Yes		No	
Have members been redeployed outside the bargaining unit?		Yes		No	
If a member has been redeployed to work outside the bargaining unit, please provide the details:					
• Approximate no. of members redeployed					
• Their usual position and workplace					
• Their new position and workplace					
No. of COVID-Related FT Layoffs					
No. of COVID-Related PT Layoffs					
No. of COVID-Related Casual Loss					
Cuts to seasonal recall or expected hiring? (The no. of workers NOT recalled who expected recall)					
If members have been laid off, will they continue to receive extended health Benefits?		If yes, for how many weeks:			
Have there been COVID-19 cases in the membership?					
Have members been exposed to clients who have COVID-19?					