LETTER OF AGREEMENT

BETWEEN

MCGILL UNIVERSITY
688 Sherbrooke Street West, Suite 1520
Montreal, Quebec, H3A 3R1
(Hereinafter referred to as the “Employer”)

AND

ASSOCIATION of MCGILL UNIVERSITY SUPPORT
EMPLOYEES (AMUSE)
515 avenue des Pins
Montreal, Quebec,
H2W 1S4
(Hereinafter referred to as the “Union”)

(Hereinafter referred to as the “Parties”)

WHEREAS

on January 30, 2017, the Parties signed a new collective agreement, with an expiration date of May 31, 2020;

WHEREAS

the Parties realized that the incorrect Union Membership Form was included in the new Collective Agreement;

WHEREAS

the Parties wish to correct the Union Membership Form and include the correct form in the new collective agreement;

THE PARTIES HAVE AGREED TO THE FOLLOWING:

1. The preamble forms an integral part of this agreement;

2. The Parties agree that the attached Union Membership Form in French & English (see page 3-4) is the correct form to be completed by employees of McGill University that are members of the Association of McGill University Support Employees – Public Service Alliance of Canada (PSAC) (AMUSE);

3. The Parties agree to amend Appendix B of the collective agreement with the attached Union Membership Form in French & English (see page 3-4);
IN WITNESS THEREOF, the parties have signed pursuant to the dates and places mentioned hereinafter:

FOR THE UNIVERSITY

Signed in Montreal, this 13th day of June, 2017.

Robert Comeau
Director, Labour and Employee Relations

FOR THE UNION

Signed in Montreal, this 7th day of June, 2017.

Claire Michela
President Base Unit

Heather Holdsworth
Labour Relations Officer

Signed in Montreal, this 7th day of June, 2017.

Jean-Michel Fortin
Union Representative
ANNEXE B – CARTE DE MEMBRE

ASSOCIATION of MCGILL UNIVERSITY SUPPORT EMPLOYEES

www.amumcgpill.org

Alliance de la Fonction publique du Canada
Public Service Alliance of Canada

À REMPLIR PAR L'EMPLOYÉ·E. Tous les champs doivent être remplis.
Le formulaire complété ORIGINAL doit être envoyé au Syndicat des Employé·e·s Occasionnel-le·s de l'Université McGill (SEOUOM-APFC/AMUSE-PSAC) avant la première journée de travail de l'employé·e. Consultez l'adresse ci-dessous.

COORDONNÉES
Prenom: ________________________ Nom: ________________________
Adresse: ________________________ Numéro d'appartement: _________
Code postal: ___________ Numéro de téléphone: ____________________
Courriel: ____________________________

INFORMATION RELATIVE AU POSTE:
Titre du poste: ________________________
Faculté/Unité/Département du poste: ________________________
Adresse du bureau (édifice et numéro de salle): ________________________
Horaire de travail (choisissez une des options) Temps plein ______ Temps partiel ______
Remplacez-vous un·e autre employé·e en congé (Oui/Non)? _______
Durée du contrat: du ________________________ au ________________________

Êtes-vous également étudiant·e à McGill (Oui/Non)? ________________________

Je, soussigné·e, donne librement mon adhésion à l'Alliance de la Fonction Publique du Canada/SEOUOM. Je m'engage à respecter les politiques, les règlements, et les décisions du syndicat.

Signature: ________________________ Date: ________________________

Veuillez faire envoyer tout formulaire d'adhésion syndical au Syndicat des Employé·e·s Occasionnel-le·s de l'Université McGill

515 ave des Pins Ouest
Salle 224
Montreal QC H2W 1S4
APPENDIX B – UNION MEMBERSHIP FORM

TO BE COMPLETED BY THE EMPLOYEE. All fields must be completed.
Completed, ORIGINAL form must be sent to the Association of McGill University Support Employees
(AMUSE-PSAC) before the employee begins their first shift of work. See address below.

CONTACT INFORMATION:
First name: __________________________ Last name: __________________________
Address: ______________________________________________________________________
Postal Code: __________________ Phone number: __________________________
Email Address: _______________________________________________________________

WORK INFORMATION:
Job Title: _____________________________________________________________________
Faculty/Unit/Department (related to your job): ______________________________________
Office location (building and room #): ___________________________________________
Hours of work (check one): Full time ______ Part time ______
Are you replacing another employee on leave (Yes/No)? __________
Contract length: from ___________________________ to ___________________________

Are you also a student at McGill? (Yes/No) __________

I, the undersigned, freely give my adhesion to the Public Service Alliance of Canada/AMUSE. I will
respect the policies, rules and decisions of the association.

Signature: ___________________________________________ Date: _______________________

Original Union

Please send all Union Membership Forms to the Association of McGill University Support Employees at:

515 ave des Pins Ouest
Room #224
Montreal, QC H2W 1S4