



As you are aware the new Roster System (in the Membership Department) has now been implemented which has seen a dramatic increase in weekend shift work and evening shifts across the department.

The USU has been contacted by a number of members unhappy with the Roster Rotation but have said that they felt that they didn't really have a choice in the vote as the rosters were all similar and forced members to work all but one weekend a month.

We are seeking feedback from members about how you feel about these shifts and whether you support the Union in running a dispute in accordance with the Dispute Resolution procedure of the NRMA Contact Centre Agreement.

In order for us to gain some information, we would appreciate you taking the time to answer some questions so we can collate the necessary information required.

We will follow you up with a flyer outlining your collective concerns and keep you informed on any outcome.

If you require any further information please contact your Organiser Melissa Pond on 0408 620 741 or mpond@usu.org.au











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HAVE YOUR SAY

	Join today. https://www.usu.org.au/join				
8.	Any other comments?				
7.	Would you be happy to support the USU in placing this matter in dispute? ☐ Yes ☐ No				
	If so how does it affect you? For example does your partner work and it affects child care, do you or your children play sport and you cannot be there with them, do you have care responsibilities, are you a member of a community organisation that volunteers on weekends?				
6.	Does the new roster system impact on your work life balance. □ Yes □ No				
5.	If the NRMA were willing to review how the rotations were structured, would you be willing to work some weekends but on a more balanced roster? For example work two weekends a month on a Saturday and Sunday and have two weekends off a month? \Box Yes \Box No				
	If so how were they received?				
4.	When you attended the feedback sessions regarding the roster change, were you given an opportunity to voice your concerns? ☐ Yes ☐ No				
3.	Does your contract of employment state that you work on a 7 day a week roster? ☐ Yes ☐ No				
2.	Were you told when you commenced employment with NRMA that this was a 7 day a week position and that you would be required to work a lot of weekends? \Box Yes \Box No				
1.	Are you full time, part time or casual? □ Full time □ Part time □ Casual				

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Signature/s: X

Application For USU Membership

NEW SOUTH WALES LOCAL GOVERNMENT, CLERICAL, ADMINISTRATIVE, ENERGY, AIRLINES & UTILITIES UNION

CECTION A			FORM 1-230113. OFFICE USE ONLY			
SECTION A	YOUR DETAILS:		Membership No.			
NAME: Title: Su	rname:	Given Names:		DOB: / /		
MAIL: Home: Work:						
PHONE: Home:	Work:		Mobile:			
HOME ADDRESS:				Postcode:		
EMPLOYER:						
WORKSITE ADDRESS:				Postcode:		
OCCUPATION:						
EMPLOYMENT BASIS:	☐ Full Time ☐ Part Time ☐ Contract * Please circle income threshold: A B C D * Please note subscription rates are determined by income	EFGHI	J K L M	Temp Seasonal		
I, the undersigned, hereby Administrative, Energy, Ai and the NSW Local Gove of the Australian Municipo I agree to abide by the Riwith the Fair Work Act 200 authorise the USU/ASU to matters affecting my employments and matters affecting my employments are the information suppoircumstances and mannal Please indicate the nan	APPLICATION FOR MEMBERSHIP: y apply for membership of the NSW Local Governr rlines & Utilities Union (trading as the United Services rrnment, Clerical, Administrative, Energy, Airlines & al, Administrative, Clerical and Services Union (ASU ules of the Union as amended from time to time in 19 (C'th) and the Industrial Relations Act 1996 (NSW act as bargaining agent on my behalf with my employment with my employer. ation remains in force until I revoke it in writing in a 19 (C'th) and the Industrial Relations Act 1996 (NSW object relating to financial obligations of membership her in which I may resign my membership form the of person who provided this membership form the strain of the services.	ment, Clerical, es Union - USU) Utilities Branch I). accordance V). I hereby Inployer, in all ccordance V). I have Ip and the	with the Rules of the Union. Resignation: 1. A member may resign membership of the Union by written notice delivered or sent to the registered address of the Union. 2. A notice of resignation takes effect: a. where the member ceases to be eligible for membership of the Union: i. on the day on which the notice is received; or ii. on the day specified in the notice, which is a day not earlier than the day when the member ceases to be eligible to become a member; whichever is the later: or b. in any other case: i. at the end of two weeks after the notice is received, or ii. on the day specified in the notice; whichever is the later. 3. Any member resigning shall be liable for the payment of all subscriptions, fines and levies owing to the Union under the Rules at the date of leaving, and such monies may be sued for and recovered in the name of the Union, subject to the Fair Work Act 2009 (C'th) and the Industrial Relations Act 1996 (NSW) or any Act amending the same. Please note that the New South Wales Local Government, Clerical, Administrative, Energy, Airlines & Utilities Union trades as the United Services Union.			
Name of person: Applicant's Signature	M'ship No. (if known):	/ /	Privacy Statement Note: The United Services Union is bou (C'th). The Union's Privacy Statement	is available by contacting the		
	PAYMENT METHOD:		JSU on 1300 136 604 or on the website) at www.usu.org.au		
I, Surname:		Given Name/s:				
wish to pay my USU su	bscription: □ Weekly □ For	tnightly	☐ Monthly ☐ Q	uarterly		
	uesday 🗆 Wednesday 🗆 Thursday 🗆 F	0 ,	,	Sarrony		
	DETAILS OF ACC	OUNT TO BE DE	EBITED			
/We to debit my/our account	described in the schedule below, any amount wh		further notice, the UNITED SERVI bit or charge me/us through th			
Name of Financial Ins	titution/Branch:]				
Account Name:	(If joint account two signatures are required below)	BSB No:	Account N			
subscriptions can be com provided details of more	er to release my financial institution details, includin imenced from my account. I recognise that my en than one account to my employer, the USU will cor e in its binding effect by the passage of time and w	nployer has no finar ntact me to determ	ncial accountability in this transa ine which account I wish to use	ction and that if I have		
	OR CREDIT (CARD DETAILS				
Card Number:		Expiry da	te: / Mastero	card Visa		
	OR BPAY/STATEMENT/PA	YROLL DEDUC	TION OPTION			
☐ I will pay my subscription via BPAY/Statement. ☐ I will pay my subscription via Payroll Deduction. ☐ I understand that I will be invoiced quarterly. Payroll deduction authority can be downloaded at www.usu.org.au						
I/We authorise the follo	owing: 1. The USU to verify the details of the c 2. The Financial institution to release in		•			
	e sufficient funds or credit to ensure the electronic transitional member in accordance with the rules of the transitional members in the rule with the rules of the	ransfers occur irresp	,			

Date