

UNION AGREEMENT

Summary of Offer from WA Health 2020

Key terms

Salaries and Term

Salary increases of \$1,000 each year (pro rata for part-timers) with the increases to apply from 1 July 2020 and 1 July 2021.

The proposed term of the Agreement is two years.

Casual Loading

Increase casual loading from 20% to 22% then to 25% from 1 July 2021.

Fixed Term and Casual Contracts

Inclusion of a conversion to permanency provision for fixed term contract and casual employees which follows on from Commissioner's Instruction No.23.

Permanent and Direct Employment

Improved provisions expressing the preference of the Government and Department for permanent and direct

employment. Stronger statement against outsourcing and privatisation.

Agreement to determine targets for fixed term, casual and agency hire usage during the life of the Agreement.

Response to a Public Health Emergency

Inclusion of a statement confirming Government and Employer commitment to support employees when responding to the declaration of a health emergency.

Superannuation on unpaid Parental Leave

An employee who is entitled to unpaid parental leave is entitled to have superannuation contributions made in respect of the period of unpaid parental leave taken to a maximum of 12 weeks.

Pay related

Mortuary Staff Allowance

Employees who are not employed as Mortuary staff but carry out mortuary duties in connection with post-mortem examinations will be paid a \$4.06 allowance per body. (Rates will be adjusted in the Agreement).

Overpayments

The Employer will provide an explanation of the overpayment with sufficient information for the employee to assess the employer's calculations. The Employer will provide 28 days written notice prior to any deductions of overpayments.

Specified Callings

Include Forensic Scientists as a specified calling.

Lead Apron Allowance

Inclusion of an allowance for employees required to wear a lead apron of \$2.10 per hour, or part thereof, for each hour the requirement continues. This provision will only apply to employees who do not, in the course of their duties, ordinarily and regularly wear a lead apron.

Work Arrangements

Flexible Work Arrangements

Additional consideration for employees with caring responsibilities to access flexible work arrangements. Stronger statement of support for flexible work practices by the Employer.

Move to written applications and responses within 14 days to requests to work flexibly.

On Call

Employees shall, where practicable, be periodically relieved from any requirement to hold themselves On Call.

No employee to be on out of hours contact after the last working day preceding a period of annual leave or long service leave.

Safe Rostering

The Employer recognises the importance of safe rostering practices. In setting a roster, the Employer and employees will

consider the employee's health and safety; the employee's start and finish times in the preceding week and month; and breaks required by this Agreement.

Working from Home

Working from home remains at the discretion of the Employer, however the request will not be unreasonably refused. The reasons for any refusal will be provided to the employee in writing within 14 days of the request.

Workload Management

Commitment to provide a safe and healthy workplace and ensure staffing levels are appropriate.

Employees should not work unreasonable hours or be unable to take leave.

If no leave relief is provided this can be the basis for a workload review.

The Union can raise workload issues on behalf of members.

Leave related

Bereavement Leave

Entitlement increased from 2 days to 3 days.

Cultural Leave

Five days paid non-cumulative cultural and ceremonial leave for Aboriginal and Torres Strait Islander employees.

Long Service Leave and Casuals

Inclusion of clause to allow casuals to accrue and take 13 weeks long service leave on completion of 10 years continuous service and an additional 13 weeks for each subsequent 7 years of service.

Long Service Leave

Option to access pro rata long service leave at half or double pay.

Personal Leave - war caused illnesses

An employee who produces a certificate from the Department of Veterans' Affairs stating that the employee suffers from war caused illness may be granted special personal leave credits of 114 hours (15 standard hour days) per annum on full pay in respect of that war caused illness. These credits shall accumulate up to a maximum credit of 342 (45 standard hour days) and shall be recorded separately to the employee's normal personal leave credit.

Professional Development Leave

The two days of leave each year (can be accrued to 4 days) will be available for any current or emerging professional development activity that is relevant to the work of the Health Professional as agreed with the Employer. Leave applications should not be unreasonably refused.

General

Dispute Settlement Procedure

Broadens the definition of a dispute to any question, dispute or difficulty arising in the course of employment, as opposed to being limited to the terms of the Agreement.

Purpose of Agreement

Expanded language to clarify the purpose of the Agreement includes providing rates of pay for employees, prescribing terms and conditions of employment, and facilitating the role of the Union and Union Representatives.

Union Meetings

Paid time for employees to attend two Union meetings per year (each of up to one hour in duration).

Union Representatives Rights

Inclusion of a provision to provide Union Reps with time to discuss union membership with new employees as part of employees' formal induction process. Where induction is wholly online, the Union will be provided with the opportunity to provide content regarding union membership.

Improved access to facilities and information to assist with undertaking duties as a Union Rep.

CLASSIFICATION AND INCREMENT	PROFESSIONAL LEVEL	EXISTING RATE	ON AND FROM 1 JULY 2020	ON AND FROM 1 JULY 2021
			\$1,000	\$1,000
Under 17 yrs		\$27,921	\$28,921	\$29,921
G-17 yrs		\$32,267	\$33,267	\$34,267
G-18 yrs		\$37,331	\$38,331	\$39,331
G-19 yrs		\$42,892	\$43,892	\$44,892
G-20 yrs		\$47,923	\$48,923	\$49,923
G-1/2.1		\$52,449	\$53,449	\$54,449
G-1/2.2		\$55,179	\$56,179	\$57,179
G-1/2.3		\$56,615	\$57,615	\$58,615
G-1/2.4		\$58,094	\$59,094	\$60,094
G-1/2.5	G-2.1	\$59,534	\$60,534	\$61,534
G-1/2.6	G-2.2	\$61,151	\$62,151	\$63,151
G-1/2.7	G.2-.3	\$62,271	\$63,271	\$64,271
G-1/2.8	G-2.4	\$63,919	\$64,919	\$65,919
G-3.1		\$65,744	\$66,744	\$67,744
G-3.2		\$67,410	\$68,410	\$69,410
G-3.3		\$69,176	\$70,176	\$71,176
G-3.4		\$71,913	\$72,913	\$73,913
G-4.1		\$74,768	\$75,768	\$76,768
G-4.2		\$76,909	\$77,909	\$78,909
G-4.3		\$80,027	\$81,027	\$82,027
G-5.1		\$81,651	\$82,651	\$83,651
G-5.2		\$83,879	\$84,879	\$85,879
G-5.3		\$86,174	\$87,174	\$88,174
G-5.4		\$88,534	\$89,534	\$90,534
G-6.1		\$93,083	\$94,083	\$95,083
G-6.2		\$96,456	\$97,456	\$98,456
G-6.3		\$101,257	\$102,257	\$103,257
P-1.1		\$72,703	\$73,703	\$74,703
P-1.2		\$76,909	\$77,909	\$78,909
P-1.3		\$81,651	\$82,651	\$83,651
P-1.4		\$86,174	\$87,174	\$88,174
P-1.5		\$93,083	\$94,083	\$95,083
P-1.6		\$101,257	\$102,257	\$103,257
G-7.1	P-2.1	\$103,824	\$104,824	\$105,824
G-7.2	P-2.2	\$107,074	\$108,074	\$109,074
G-7.3	P-2.3	\$110,443	\$111,443	\$112,443
G-8.1	P-3.1	\$115,368	\$116,368	\$117,368
G-8.2	P-3.2	\$119,402	\$120,402	\$121,402
G-9.1	P-4.1	\$125,938	\$126,938	\$127,938
G-9.2	P-4.2	\$130,198	\$131,198	\$132,198
G-10.1	P-5.1	\$134,870	\$135,870	\$136,870
G-10.2	P-5.2	\$142,623	\$143,623	\$144,623
G-11.1	P-6.1	\$148,626	\$149,626	\$150,626
G-11.2	P-6.2	\$154,736	\$155,736	\$156,736
G-12	P-7	\$163,664	\$164,664	\$165,664
G-13	P-8	\$169,344	\$170,344	\$171,344
G-14	P-9	\$175,819	\$176,819	\$177,819
Class 1		\$185,612	\$186,612	\$187,612
Class 2		\$195,406	\$196,406	\$197,406
Class 3		\$205,195	\$206,195	\$207,195
Class 4		\$214,985	\$215,985	\$216,985

I want to join the Union!

ABOUT YOU

Dr Mr Ms Mrs Miss Male Female Unspecified

Date of Birth ____ / ____ / ____

First name: _____

Preferred name (if applicable): _____

Surname: _____

CONTACTING YOU

Postal address: _____

Postcode: _____

Please include as many as possible of the following:

Work phone: _____

Work email: _____

Home phone: _____

Home email: _____

Mobile phone: _____

YOUR EMPLOYER AND YOUR JOB

Name of Employer: _____

Department: _____

Work location: _____

Job title: _____

Are you:

Full time OR Part time? Permanent, Fixed Term OR Casual?
(please tick) (please tick)

Hours per fortnight: _____ Classification (eg. Level 2.4) _____

Present annual salary: \$ _____ (Please note that subs are calculated on the basis of ordinary salary without penalty rates or allowances).

JOINING THE UNION

I hereby make application for membership of the Health Services Union of Western Australia and the Health Services Union WA Branch. I agree to abide by the Union Rules, which may be amended from time to time. I understand and accept that the Secretary has the discretion to decline or limit advice or service for an industrial or workplace issue I might have which existed prior to my financial membership of the Union. I am aware that information about the Union's Rules, non-member policy, privacy policy, and membership benefits, can be found at www.hsuwa.com.au. I understand that Indemnity Insurance and Journey Cover insurance only apply to financial members of the Union. I understand that any resignation from the union must be in writing to the Secretary.

SIGN
HERE

Signed: _____ Date: ____ / ____ / ____

I WAS SIGNED UP BY

Name: _____

Contact number: _____

SUBSCRIPTION FEES - note: union subscription fees are tax deductible.

In authorising one of the subscription options the HSUWA is only authorised to debit the amount of subscriptions set from time to time by a general meeting of the Union, in accordance with the Rules. The current subscription fees can be found at "Join Now" on hsuwa.com.au or by contacting the HSUWA office on 9328 5155 or union@hsuwa.com.au

OPTION 1. DIRECT DEBIT REQUEST

Member's Authority

I/We _____

Authorise the HSUWA (User ID 063 168) to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS).

This authorisation is to remain in force in accordance with the terms described in the HSUWA Direct Debit Customer Service Agreement which is available on request from the HSUWA Office.

Details of the Account to be Debited

Name of Financial Institution _____

Branch Address _____

Account Name – that is, the name of the person(s) who hold the account

BSB Number: ____ / ____

Account Number: _____

Signed

Date

Signed

Date

OPTION 2. PERIODIC CREDIT CARD PAYMENT

This option authorises an automatic, regular payment from your credit card.

I wish to pay by regular credit card payment Visa Mastercard

Monthly Quarterly 6 Monthly Annually

Card holder name: _____

Card No: _____ Expires: ____ / ____

Signature: _____

OPTION 3. OTHER PAYMENT METHOD

Please contact the HSUWA Office for other payment options



Send your completed form via email to union@hsuwa.com.au, or fax to 9328 9107, or seal in an envelope and post to: Health Services Union, Reply Paid 8204, PERTH BC WA 6849 (no stamp required)

(08) 9328 5155

union@hsuwa.com.au

hsuwa.com.au

[withyouatwork](#)

8 Coolgardie Tce Perth WA 6000

Secretary, Naomi McCrae

hsuwa
with you at work