



## **Don't be tricked into using all your Annual Leave**

### **Management cannot require you to apply for ALL your Annual Leave**

Your CPSU Delegates negotiated the UNSW (Professional Staff) Enterprise Agreement 2010 in consultation with CPSU members. You and your Professional Staff colleagues voted to approve the Agreement between all UNSW Professional Staff and the University administration. This is now a legally binding agreement between management and all Professional Staff.

As many of you know, Annual Leave was a key issue affecting Professional Staff and for the University administration. Long and difficult negotiations were conducted based on detailed consultation with hundreds of Professional Staff. The result of these negotiations is now contained in the Enterprise Agreement that all managers are legally required to uphold and implement.

### **Your manager cannot require or direct you to apply for Annual Leave unless you have more than 30 days accumulated.**

Some managers are feeling pressured to 'encourage' all Professional Staff to apply for or take all of their annual leave each year and are 'pressuring' staff in different ways to agree. This is of concern to your CPSU delegates and colleagues as it is contrary to the Agreement made either explicitly or contrary to the spirit of what was agreed.

Professional Staff conditions should not be undermined because managers are having trouble with internal budget measures imposed by University Administration. Your leave is your entitlement. Until you reach six weeks accumulated it is yours to use and apply for as you see fit.

We can all put a stop to their attempt at undermining your Agreement but we all need to work together to be successful. We need everyone to refuse to co-operate with unlawful directions or inappropriate pressure to apply for annual leave. A dispute will be lodged to seek support from Fair Work Australia once we have clear evidence of a breach of the Agreement.

## **If we are all in this together we can stop these attacks!**

Contact your Alister Wareing, [a.wareing@unsw.edu.au](mailto:a.wareing@unsw.edu.au) 02 9385 2600

CPSU Delegate Adrienne Harris, [a.harris@unsw.edu.au](mailto:a.harris@unsw.edu.au) 02 9385 3426

## **Your CPSU Contacts**

### **Local Contacts**

Adrienne Harris

[a.harris@unsw.edu.au](mailto:a.harris@unsw.edu.au)

02 9385 3426

Alister Wareing

[a.wareing@unsw.edu.au](mailto:a.wareing@unsw.edu.au)

02 9385 2103

### **UNSW CPSU ORGANISER**

Ian Lisser

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## **Your checklist**

- Ask for Overtime to do any extra hours
- distribute this update to others
- Only use flex time, when you want to!
- Let the CPSU know what's going on
- ask workmates to join CPSU.



# Application for PSA & CPSU Membership

Public Service Association of NSW, Reg. Office: 160 Clarence Street, Sydney, ABN 83 717 214 309 Tel: 02 9220 0900 Fax: 02 9262 1623  
Community & Public Sector Union (SPSF Group NSW Branch), Reg. Office: 160 Clarence Street, Sydney, ABN 11681 811 732



## 1 COMPLETE YOUR DETAILS

Title:	Surname:	Given Names:	DOB	/	/
HOME ADDRESS:					Postcode:
POSTAL ADDRESS:					Postcode:
EMAIL: Work:		Home:			
PHONE: Work:	Home:	Mobile:	Fax:		
EMPLOYER:			Payroll Serial No.		
WORKSITE ADDRESS:					Postcode
JOB TITLE:			Grade: (eg 3/4, HEW7 etc)		
EMPLOYMENT TYPE: <input type="checkbox"/> Permanent <input type="checkbox"/> Contract <input type="checkbox"/> Temporary <input type="checkbox"/> Casual			EMPLOYMENT STATUS: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Appointment To Public Service, University, etc / /		Are you an Australian Aboriginal or Torres Strait Islander: <input type="checkbox"/>		
I would like to be involved in: <input type="checkbox"/> My local union group <input type="checkbox"/> Being a delegate <input type="checkbox"/> Distributing union information <input type="checkbox"/> Union training					

Office use only:

## 2 SIGN YOUR APPLICATION

I, the undersigned, hereby apply to be enrolled as a Member of the Public Service Association of New South Wales and the Community & Public Sector Union (SPSF Group NSW Branch) in accordance with the Constitution and Rules of both bodies, by which I agree to be bound, and I appoint the PSA & CPSU as my bargaining agent.

I agree that a copy of this form (whether copied by photocopy, microfilm, facsimile or otherwise) may be used or dealt with as if it were the original.

I have read and understood the information relating to financial obligations and the circumstances and manner in which I may resign my membership detailed overleaf.

Applicant's Signature: \_\_\_\_\_  
Date: / /

## 3 NOMINATE YOUR SALARY RANGE

GROSS ANNUAL SALARY	FEES (incl GST) From August 2012			
	Fortnightly (Direct Debit only)	4-weekly (Direct Debit only)	Monthly (Credit Card only)	Annual
<input type="checkbox"/> More than \$51,460	\$25.80	\$51.60	\$55.95	\$671.20
<input type="checkbox"/> \$36,230 - \$51,460	\$19.90	\$39.80	\$43.05	\$516.15
<input type="checkbox"/> \$ 9,057 - \$36,229	\$12.35	\$24.70	\$26.80	\$321.25
<input type="checkbox"/> Less than \$9,057	\$6.40	\$12.80	\$13.85	\$166.30

Members proceeding on Leave Without Pay in excess of three months need to advise the Association so as to maintain their financial membership of the Association and the Provident Fund at a special rate of \$31.00 pa. Members on Leave Without Pay for a lesser period than three months pay the usual rate

## 4 CHOOSE YOUR PAYMENT OPTION

### Option A - Direct Debit Request

Complete this form to arrange deductions from your bank/credit union. More info call 1800 808 290. Please note that Direct Debit is not available on a full range of accounts. If in doubt contact your financial institution

Name on Account: \_\_\_\_\_  
Financial Institution: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
BSB No: \_\_\_\_\_ Account No: \_\_\_\_\_  
Frequency of Debit:  Fortnightly  4 weekly

I here by request the deduction from my account of my subscription to the Public Service Association of NSW (here after PSA) (User ID 040 172)

I authorise the following:

The PSA to verify the details of the above mentioned account with my Financial Institution if required.

The Financial Institution to release information allowing the PSA to verify the above mentioned account details.

My employer to release my bank account details to the PSA for the purpose of enabling me to establish a direct debit facility for the payment of my subscription.

I have read the Automatic Payment Service Agreement overleaf and agree with its terms and conditions.

Account Holder's Signature: \_\_\_\_\_ Date: / /

### Option B - Credit Card Auto Payment

Standing authority for recurrent periodic payment by credit card

Card type:  Visa  Mastercard

Name on Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: / /

**Description of Goods:** PSA Union Dues (PSA dues processed on the 7th each month). I hereby authorise the PSA of NSW to debit my Card Account with the amount and at the intervals specified in the Salary and Fees Table detailed on this form, and in the event of any change in the charges for these subscriptions to alter the amount from the appropriate date in accordance with such change. This authority will stand, in respect of the above specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify the PSA in writing of its cancellation.

Cardholder's Signature: \_\_\_\_\_ Date: / /

## 5 RETURN THIS FORM :

See address overleaf.

MEMBER RECRUITER Name: \_\_\_\_\_ Membership No: \_\_\_\_\_