

## 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**”)

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**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**

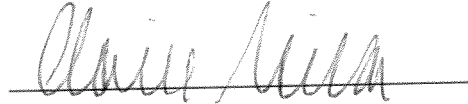
Signed in Montreal, this 13<sup>th</sup>  
day of JUNE, 2017.



Robert Comeau  
Director, Labour and Employee Relations

**FOR THE UNION**

Signed in Montreal, this 7  
day of JUNE, 2017.



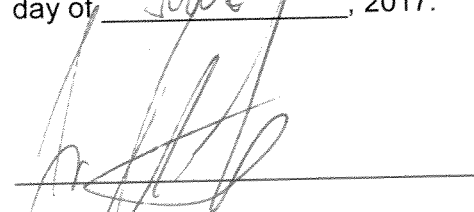
Claire Michela  
President Base Unit

Signed in Montreal, this 7  
day of JUNE, 2017.



Heather Holdsworth  
Labour Relations Officer

Signed in Montreal, this 7  
day of JUNE, 2017.



Jean-Michel Fortin  
Union Representative

**ANNEXE B – CARTE DE MEMBRE**



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 (SEOUM-AFPC/AMUSE-PSAC) avant la première journée de travail de l'employé-e. Consultez l'adresse ci-dessous.

**COORDONNÉES**

Prénom: \_\_\_\_\_ 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/SEOUM. Je m'engage à respecter les politiques, les règlements, et les décisions du syndicat.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Veillez 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  
Montréal 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