

# PHARMACISTS CONTRACT QUESTIONNAIRE

(PLEASE RETURN BY FRIDAY SEPTEMBER 17, 2010)

1). NAME: (print clearly) \_\_\_\_\_ / \_\_\_\_\_  
FIRST LAST

2). YOUR EMPLOYER IS:  ALBERTSONS  
 RALPHS  
 VONS

3). YOUR HOURLY WAGE IS: \$ \_\_\_\_\_

4). ARE YOU: **A:** FULL TIME   
**B:** PART TIME

IF PART TIME: HOW MANY HOURS DO YOU AVERAGE PER WEEK? \_\_\_\_\_ HRS/WK

WOULD YOU LIKE TO BE SCHEDULED MORE HOURS PER WEEK?  
**C:**  YES  
**D:**  NO

IF YES, HOW MANY MORE HOURS PER WEEK ? \_\_\_\_\_ HRS/WK

**DO YOU WANT FULL-TIME STATUS**  
**E:**  YES  
**F:**  NO

5). DO YOU WORK AN ALTERNATE WORK SCHEDULE ( 12 HOUR SHIFTS) ?  
**A:**  YES  
**B:**  NO

IF YES, DO YOU PREFER THIS SCHEDULE OVER FIVE EIGHT HOUR DAYS  
**C:**  YES  
**D:**  NO

6). HAVE YOU VISITED OUR PROFESSIONAL DIVISION WEBSITE? WWW.UFCWRX.COM  
 IF NO, WE ENCOURAGE YOU TO DO SO  
 YES  
 NO

7). COMPLETE THE GRID FOR YOUR AVERAGE WORK WEEK YOUR STORE # IS: \_\_\_\_\_

	MON	TUE	WED	THUR	FRI	SAT	SUN	TOTALS
# OF RX'S FILLED								
# OF PHARMACIST SCHEDULED HRS								
# OF RX TECH SCHEDULED HRS								
# OF PHARM OR GM CLK SCHEDULED HRS								

**PLEASE CALCULATE FOR YOUR STORE**  
 DIVIDE TOTAL PRESCRIPTIONS FILLED FOR THE WEEK BY TOTAL LABOR HOURS OF ALL EMPLOYEES IN THE PHARMACY TO GIVE US:

**TOTAL WEEKLY PRESCRIPTIONS FILLED FOR THE WEEK**  $\div$  **TOTAL LABOR HOURS** = **PERSCRPTIONS PER LABOR HOUR**

WHAT IS THE # OF PRESCRIPTIONS FILLED PER LABOR HOUR IN YOUR STORE IN A TYPICAL WEEK : \_\_\_\_\_

8). DOES YOUR EMPLOYER PROVIDE A 401K PLAN FOR YOU TO PARTICIPATE IN? A.  YES  
B.  NO

• **IF YES:** WHAT IS YOUR YEARLY DOLLAR CAP \$ \_\_\_\_\_  
• HOW MUCH DO YOU CONTRIBUTE ANNUALLY? \$ \_\_\_\_\_  
• WHAT IS THE MAXIMUM DOLLAR AMOUNT YOUR EMPLOYER WILL CONTRIBUTE (MATCH) ANNUALLY? \$ \_\_\_\_\_

• ANY SUGGESTIONS FOR IMPROVING THIS PLAN?  
\_\_\_\_\_  
\_\_\_\_\_

9). YOUR NEGOTIATED HEALTH & WELFARE AND PENSION BENEFITS ARE SIMILAR TO THE LEVELS THAT THE RITE-AID & CVS PHARMACISTS RECEIVE. ALL UFCW SOUTHERN CALIFORNIA PHARMACISTS PARTICIPATE IN THE SAME SOUTHERN CALIFORNIA UFCW & DRUG EMPLOYER TRUST FUNDS.

OUR HEALTH & WELFARE AND PENSION PROPOSALS WILL BE TO MAINTAIN THE "STATUS QUO" IN THESE AREAS!

10). PLEASE ASSIGN A NUMBER (1 - 8) TO THE FOLLOWING ITEMS IN ORDER OF PRIORITY ( 1 BEING THE MOST IMPORTANT)

- \_\_\_\_\_ a). Wage Increases
- \_\_\_\_\_ b). Maintaining Health Benefits
- \_\_\_\_\_ c). Maintaining Pension Benefits
- \_\_\_\_\_ d). Improving 401K
- \_\_\_\_\_ e). Scheduling Issues
- \_\_\_\_\_ f). Respect on the Job
- \_\_\_\_\_ g). Vacation Scheduling
- \_\_\_\_\_ h). Other (please state and assign a number \_\_\_\_\_)

11). PROVIDE YOUR CONTRACT PROPOSAL SUGGESTIONS FOR THE PHARMACIST CONTRACT ADVISORY COMMITTEE TO CONSIDER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12). WOULD YOU LIKE TO SERVE ON THE PHARMACIST CONTRACT ADVISORY COMMITTEE? A.  YES  
B.  NO

**IF YES:** PLEASE PROVIDE THE FOLLOWING INFORMATION (print clearly):

NAME: FIRST \_\_\_\_\_ LAST \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_