

## Coffs Harbour Roster Changes

Dear Member,

The HSU has been advised that management intend on introducing a new rotating roster for the Cleaning Department.

This will impact on members who have worked the same shift for many years.

The HSU has written to management seeking a meeting to discuss the proposed changes. Once the HSU has been briefed on the proposed roster, your HSU Organiser Peter Kelly will hold a meeting with members to discuss any issues with the proposed roster.

These issues will then be taken back to management to start consultation between the HSU and management.

The HSU will keep you informed of progress on this matter, and any roster proposal will be put to a meeting of HSU members in the Cleaning Department to vote on.

Please make sure that you discuss this with your colleagues and encourage them to join the HSU to have a say in their rosters. New members can join by returning the attached form to your HSU Organiser, visiting [www.hsu.asn.au/join](http://www.hsu.asn.au/join) or by calling the Union on 1300 478 679.

In unity,



Gerard Hayes  
Secretary, HSU NSW/ACT/QLD



# Health Services Union

Level 2, 109 Pitt Street  
Sydney, NSW 2000

Phone: 1300 478 679  
Fax: 1300 329 478

Web: [www.hsu.asn.au](http://www.hsu.asn.au)  
E-mail: [info@hsu.asn.au](mailto:info@hsu.asn.au)

Twitter: <https://twitter.com/hsunsw>  
facebook: <https://www.facebook.com/HealthServicesUnionNSW>

ABN 85 037 751 682

## I wish to become a member of the HSU New South Wales Branch and Health Services Union

Surname:  Given Name(s):

DOB:  Occupation/Classification:

Worksite:

Employment Status (please tick  one box below): Department / Ward

What is your Award Classification?

Full Time  Part Time  Casual  Hours worked per week

Home Address:

Postcode:

\*E-mail:

Home Phone:  Mobile:

Work Phone:

Signature:

Date: DAY / MONTH / YEAR

HSU Delegate Name:

HSU Delegate Membership No:

By signing this membership form, you agree to the terms and conditions of our privacy policy, which can be accessed at <http://www.hsu.asn.au/privacy-policy/> and you consent to us collecting, using, holding and disclosing your information as detailed therein. If you do not consent to any aspect of our privacy policy as it applies to you, please notify the Privacy Officer in writing attention to Privacy Officer - HSU Locked Bag 3 Australia Square NSW 1215

### Payment Method: **Direct Debit Request**

Please debit my Bank/Credit Card account

Fortnightly

Please start my Fortnightly Debit on DAY / MONTH / YEAR (day/month/year)

Monthly

All Monthly debits occur on the first of every month.

### ORGANISER REMARKS / NOTES

*Note: where your debit day (fortnightly / monthly) falls on a public holiday, your account will be debited on the next business day*

I request you, until further notice in writing, to debit my/our account described in the schedule above, any amount which HSU (user ID No. 017797) / HSU NSW Branch (user ID 428556) may debit or charge me through the Direct Debit System.

### Bank Account Details - Name of the account holder (Schedule)

Surname:  Given(s):

BSB Number:  Account Number:

Name of Financial Institution:

### Credit Card Payment

Please charge my; Mastercard  Visacard  American Express

Card No:

\$  Expiry Date: MONTH / YEAR