

Form Preview

<b>Form</b> GCLR Q1 - GC Labor Relations Q1 for Changes In Q4 Prior FY	
<p>1 The attached is the annual iBenefits memo outlining data collected through iBenefits during the current fiscal year.</p> <p><u>Annual Memo</u></p>	
<p>Please confirm that you understand that submitting information through the iBenefits system does not directly relieve the site contractor from any responsibility to provide information to the Contracting Officer unless specifically agreed with the Contracting Officer.</p>	<p>Optional ▼</p>
<p>Paperwork Reduction Act Notice Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of the Chief Information Officer, Records Management Division, IM-23, Paperwork Reduction Project (1910-5143), U.S. Department of Energy, 1000 Independence Ave SW, Washington, DC, 20585-1290; and to the Office of Management and Budget (OMB), OIRA, Paperwork</p>	

<p>Reduction Project (1910-5143), Washington, DC 20503. Why and for what use is the information being collected: This information collection is necessary for program management, contract administration, and cost control.</p>			
	Yes or No		
<p>Have you amended an existing CBA or signed a new CBA? If you answer "No", then please save the form and click on the submit button. If yes, then please complete the remainder of the form.</p>	<div style="border: 1px solid black; padding: 2px;">                 Select One ▼             </div>		
<p>Please download the attached template and complete all cells that are white. Grey cells are calculated by the form. There should be ONE sheet for each CBA. Definitions as to what is expected may be found by hovering your mouse over the blue underlined phrases. Any other questions about what is needed in each cell should be directed to Jeanne Teng Lupardo at <a href="mailto:jeanne.lupardo@hq.doe.gov">jeanne.lupardo@hq.doe.gov</a> (DOE) or Lisa Daley Mangi at <a href="mailto:lisa.mangi@nnsa.doe.gov">lisa.mangi@nnsa.doe.gov</a> (NNSA)</p> <p><b>GCLR Template</b></p>			
		Completed Template	Comments
<p>Please attach the completed template here (please retain the Excel format - please do not provide as a PDF).</p>		<div style="border: 1px solid black; padding: 5px; width: 100%;">                 Browse...             </div>	
		List of Files included in Zip File (Word Document)	Comments
<p>2 Copies of the most recent collective bargaining agreements CBAs), any recent amendments to a</p>			

<p>CBA and additional supplemental documentation and information as needed for clarification are required. Please zip all such documents into one zipped file and attach below. Please attach a word document here that lists each document in the zipped file and includes a brief description of the document.</p>		<p>Browse...</p>	
		Zipped Document	Comments
<p>The zipped document which contains all relevant collective bargaining agreements and addendum is attached here.</p>		<p>Browse...</p>	
		Attachment	Comments
<p>As needed</p>		<p>Browse...</p>	
<p>As needed</p>		<p>Browse...</p>	
<p>As needed</p>		<p>Browse...</p>	
	Comments	Comments, cont	
<p>3 If you are the user submitting this form for review, please enter any comments in the box at the right</p>			
	Comments	Comments, cont.	
<p>If you are the reviewer sending this form back to the user, please enter any comments in the box at the right</p>			



\*Mouse over the **Error** for more info

**Labor Relations Report**

Name of Assignee:		Name of Reviewer	
Date Completed		Fiscal Year	Quarter Filing (e.g. Q4)

Agreement Type	Enter Agreement Type	Field Office	Enter the Field Office	ENTER FIELD OFFICE HERE IF NOT IN DROP DOWN
Facility	Enter Facility	Contractor	Enter the Contractor	ENTER CONTRACTOR NAME HERE IF NOT IN DROP DOWN
Union	Enter the Union	Local Union Name/Number	Enter Local Union Name/Number	
Begin Date	Enter Begin Date	Contract Length	Enter Length of Contract	
End Date	Enter End Date	Status	Enter Status	

**1. Overview**

number of workers in Unit		Cola Flag:	Yes or No
Starting:	Straight Pay	Reopen:	
Ending:		Construction:	Yes or No
Avg%/Incr/Decr:			
Total Cost of Settlement			
Unit Description			

**2. General Wage/Lump Sum/COLA**

	Year 1	Year 2	Year 3	Year 4	Year 5
Wage Incr/Decr%					
Lump Sum Payment #1	Enter Type of Lump Sum Payment				
Lump Sum Payment #2	Enter Type of Lump Sum Payment				
Lump Sum Payment #3	Enter Type of Lump Sum Payment				
Lump Sum Payment #4	Enter Type of Lump Sum Payment				
COLA (Additional Adjustments to Wage Increase)					
Total Cost of Wage Increase/Decrease					

**3. Benefits**

	Change from Previous CBA: Yes or No	Explanation if yes	Year 1	Year 2	Year 3	Year 4	Year 5
Retirement Pension: DB Accrual Rate							
Retirement Pension: DC Matching							
Health/Medical: Cost Share							
Dental: Cost Share							
Vision: Cost Share							
Life and Disability Insurance: Cost Share							
Vacation: Days							
Sick Leave: Days							
Total Benefits Cost							
Cost of Benefits Increase/Decrease							

**Labor Relations Report**

Name of Assignee:   
 Date Completed

Name of Reviewer   
 Fiscal Year

Quarter Filing  
 (e.g. Q4)

**4. Other Payments/Allowances**

Other Payments/Allowances	Enter Type of Allowance	Change From Previous CBA? Y or N. If Y, explain	For layoff allowances, capped or uncapped? Y or N.	Year 1	Year 2	Year 3	Year 4	Year 5
Allowance #1	Enter Type of Allowance							
Allowance #2	Enter Type of Allowance							
Allowance #3	Enter Type of Allowance							
Allowance #4	Enter Type of Allowance							
Allowance #5	Enter Type of Allowance							
Allowance #6	Enter Type of Allowance							