



Labour Cost Survey - 2001



Collected under the authority of the *Statistics Act*,
Revised Statutes of Canada, 1985, Chapter S19.

Completion of this questionnaire is a legal
requirement under this Act.

This document is confidential when completed.

Version française disponible sur demande.

Correct pre-printed information if necessary using the corresponding boxes below:

0001	Legal name		
0002	Business name	0003	Address
0004	City	0005	Province
		0006	Postal code

Introduction

Survey Objective

The Labour Cost Survey collects information on wages and non-wage benefits costs which is necessary to construct a Labour Cost Index. Such an index is used to measure the change in the average cost (wage and non-wage) of one hour of labour for a fixed basket of occupations. It can help labour and management in their collective agreement negotiations and can be used by businesses in contract escalation clauses.

Confidentiality

Statistics Canada is prohibited by law from publishing any statistics which would divulge information obtained from this survey that relates to any identifiable business. **The data reported on this questionnaire will be treated in strict confidence**, used for statistical purposes and published in aggregate form only. The confidentiality provisions of the *Statistics Act* are not affected by either the *Access to Information Act* or any other legislation.

We never release any information that could identify a particular individual or business without their consent.

Please return the completed questionnaire(s) in the enclosed envelope.

You need help?

We would be most happy to answer any questions you might have.
Please feel free to call. The telephone number is given in the included letter.
You may also visit Statistics Canada's web site at www.statcan.ca.

Section A : Workforce Characteristics and Job Organization

1 (a) In the **last available pay period**, how many employees receiving a T4 Slip were employed at this location?
(Please include the employees who work on-site, off-site such as customer service representatives or telecommuters, and employees who are on paid leave.)

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1 (b) Of the total employment reported in **Question 1(a)**, how many were in the following categories?
(See Employee Category Definitions at the end of the questionnaire.)

Total Number of Employees:	Management	Non-Management (no collective bargaining agreement) ³	Non-Management (with collective bargaining agreement) ⁴																														
A. Full-Time ¹	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
B. Part-Time ²	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
C. Total (A + B = C)	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										

1. Full-time employees usually work **30 or more hours per week**.
2. Part-time employees usually work **less than 30 hours per week**.
3. Non-management employees **not covered by a collective bargaining agreement**.
4. Non-management employees **covered by a collective bargaining agreement**.

Section B : Compensation

2. Does your company provide a "Flexible Plan" for non-wage benefits to full time or part time employees?

¹ Yes

³ No → **Go to Question 3**

Flexible plan:

A plan where employees can choose their own package of benefits and the employer contributes a fixed amount of money. However, if an employee chooses more benefits than the fixed contribution the employer will cover, the employee has to finance those additional benefits. If an employee chooses not to participate in this flexible plan, he may be partially or fully compensated.

2 (a) Please provide the **MONTHLY** fixed component cost per employee. (Report as a dollar amount)

\$.

2 (b) Does your company provide a reimbursement for an employee opting out of the flexible plan?

¹ Yes

³ No → **Go to Question 3**

2 (c) Please provide the **ANNUAL** reimbursement for an employee opting out of the flexible plan. (Report as a dollar amount)

\$.

If you do not have any **management employees** (as reported in **Question 1(b) C**), then **go to Question 4**.

Employee Benefit Cost

Instructions

When reporting the Employee Benefit Cost, please:

- ◆ report the last available pay period;
- ◆ use accounting costs if possible (i.e. including administrative costs).
- ◆ If you are combining costs, check all that apply and report the total cost.
- ◆ If you offer a flexible plan for non-wage benefits, check all that apply and report the total cost when available.

Gross Payroll

It includes:

- regular wages and salaries
- commissions
- overtime pay
- paid leave
- piecework payments
- special payments
- taxable allowances and benefits that are recognized by Canada Customs and Revenue Agency

It excludes:

- employer's contributions to pension plans, Group RRSPs
- other employee benefits
- compensation in kind
- travel expenses
- non-taxable allowances and benefits
- recreational facilities provided by the employer
- moving expenses paid by the employer and employee counselling services

Expenditure on Non-wage Benefits

It includes:

- employer's contributions to pension plans, Group RRSPs
- employee benefits
- compensation in kind other than stock plans
- travel expenses
- non-taxable allowances and benefits
- recreational facilities provided by the employer
- moving expenses paid by the employer and employee counselling services

It excludes:

- Contributions to CPP/QPP
- Contributions to Employment Insurance
- Provincial health taxes
- regular wages and salaries, commissions, overtime pay
- stock plans (purchase or ownership plans or stock options)
- paid leave
- piecework payments and special payments
- taxable allowances and benefits that are recognized by Canada Customs and Revenue Agency

3 (c) Pay Related Benefits

Please report the **PAY** related benefits that are available, the number of employees receiving the benefit and the total cost of each benefit for the **REFERENCE PERIOD**.

	Benefit Available		Number of Employees	Dollar Amount
	Yes	No		
(1) Severance Allowances	<input type="radio"/>	<input type="radio"/>	_____	\$ _____ . _____
(2) Supplementary Maternity/ Paternity Benefits	<input type="radio"/>	<input type="radio"/>	_____	\$ _____ . _____
(3) Other Supplements to Employment Insurance	<input type="radio"/>	<input type="radio"/>	_____	\$ _____ . _____
(4) Other Non-Wage Benefits*	<input type="radio"/>	<input type="radio"/>	_____	\$ _____ . _____
Totals of Pay Related Benefits (sum of items 1+2+3+4)			_____	\$ _____ . _____

* **Other non-wage benefits:** moving and storage expenses, low cost or interest free loans, discount of merchandise, subsidized or free transportation, automobile for private use, subsidized or rent free housing, subsidized meal and drinks, subsidized holidays and trip plans, travelling expenses for employee's family plan, subsidized training benefits, Air Miles program, bonus family holiday trips. Include any other non-wage benefits your company provides to its employees.

3 (d) Pension Related Benefits

Please report the **PENSION** related benefits that are available and the total **EMPLOYER CONTRIBUTION** to each plan in dollar amounts for the **REFERENCE PERIOD**.

	Benefit Available		Dollar Amount
	Yes	No	
(1) Defined Contribution Plan ¹	<input type="radio"/>	<input type="radio"/>	\$ _____ . _____
(2) Defined Benefit Plan ²	<input type="radio"/>	<input type="radio"/>	\$ _____ . _____
(3) Group RRSP Plan ³	<input type="radio"/>	<input type="radio"/>	\$ _____ . _____
Total cost of Pension Related Benefits (sum of items 1+2+3)			\$ _____ . _____

- 1. Defined Contribution Plan:** money purchase and deferred profit sharing.
- 2. Defined Benefit Plan:** final average/average best earnings, career average earnings, and flat benefit.
- 3. Group RRSP Plan:** DO NOT report the EMPLOYEE'S contribution to the plan.

3 (e) Paid Leave Benefits

For the employees in this category, please report the **PAID LEAVE** benefits that are available, the average number of days given per year and the annual cost as a percentage of the employee's salary.

	Benefit Available		Average number of days per year	Annual Cost as a Percentage of Employee Salary
	Yes	No		
(1) Vacation Leave	<input type="radio"/>	<input type="radio"/>	□ □ □ □	□ □ □ . □ □
(2) Sick Leave	<input type="radio"/>	<input type="radio"/>	□ □ □ □	□ □ □ . □ □
(3) Maternity/Paternity Leave	<input type="radio"/>	<input type="radio"/>	■ ■ ■ ■	□ □ □ . □ □
(4) Floating Days	<input type="radio"/>	<input type="radio"/>	□ □ □ □	□ □ □ . □ □
(5) Other Paid Leave*	<input type="radio"/>	<input type="radio"/>	□ □ □ □	□ □ □ . □ □

* **Other Paid Leave:** jury duty, bereavement leave, personal leave and any other paid leave provided.

If you do not have any **full-time non-management employees with or without a collective bargaining agreement** (as reported in **Question 1(b) A**), then **go to Question 5**.

Full-Time Non-Management Employees

- 4. Reference Period for Reporting Costs:** Please indicate the start and end dates of the reference period for this employee category.

Start Day Month

End Day Month

4 (a) Payroll Totals

Please report the gross payroll and expenditure on non-wage benefits for the **REFERENCE PERIOD** for employees in this category only. Follow the inclusions and exclusions outlined on page 4 of the questionnaire.

Dollar Amount

(1) Gross Payroll \$.

(2) Expenditure on Non-wage Benefits \$.

4 (b) Health Related Benefits

Please indicate the **HEALTH** related benefits that are available. Please report the total cost of each benefit in dollar amounts for the **REFERENCE PERIOD**.

	Benefit Available		Dollar Amount
	Yes	No	
(1) Dental Care Plan	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
(2) Life Insurance	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
(3) Supplementary Medical Insurance*	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
(4) Workers' Compensation Premiums	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
(5) Short Term Disability	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
(6) Long Term Disability	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Total cost of Health Related Benefits (sum of items 1+2+3+4+5+6)			\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

* **Supplementary medical insurance:** drug co-payment plans, hospital stay co-payment plans, hearing-impaired benefit plan, vision care plan and other medical benefits not covered by provincial health plans.

4 (c) Pay Related Benefits

Please report the **PAY** related benefits that are available, the number of employees receiving the benefit and the total cost of each benefit for the **REFERENCE PERIOD**.

	Benefit Available		Number of Employees	Dollar Amount
	Yes	No		
(1) Severance Allowances	<input type="radio"/>	<input type="radio"/>	_____	\$ _____ . _____
(2) Supplementary Maternity/ Paternity Benefits	<input type="radio"/>	<input type="radio"/>	_____	\$ _____ . _____
(3) Other Supplements to Employment Insurance	<input type="radio"/>	<input type="radio"/>	_____	\$ _____ . _____
(4) Other Non-Wage Benefits*	<input type="radio"/>	<input type="radio"/>	_____	\$ _____ . _____
Totals of Pay Related Benefits (sum of items 1+2+3+4)			_____	\$ _____ . _____

* **Other non-wage benefits:** moving and storage expenses, low cost or interest free loans, discount of merchandise, subsidized or free transportation, automobile for private use, subsidized or rent free housing, subsidized meal and drinks, subsidized holidays and trip plans, travelling expenses for employee's family plan, subsidized training benefits, Air Miles program, bonus family holiday trips. Include any other non-wage benefits your company provides to its employees.

4 (d) Pension Related Benefits

Please report the **PENSION** related benefits that are available and the total **EMPLOYER CONTRIBUTION** to each plan in dollar amounts for the **REFERENCE PERIOD**.

	Benefit Available		Dollar Amount
	Yes	No	
(1) Defined Contribution Plan ¹	<input type="radio"/>	<input type="radio"/>	\$ _____ . _____
(2) Defined Benefit Plan ²	<input type="radio"/>	<input type="radio"/>	\$ _____ . _____
(3) Group RRSP Plan ³	<input type="radio"/>	<input type="radio"/>	\$ _____ . _____
Total cost of Pension Related Benefits (sum of items 1+2+3)			\$ _____ . _____

- 1. Defined Contribution Plan:** money purchase and deferred profit sharing.
- 2. Defined Benefit Plan:** final average/average best earnings, career average earnings, and flat benefit.
- 3. Group RRSP Plan:** DO NOT report the EMPLOYEE'S contribution to the plan.

4 (e) Paid Leave Benefits

For the employees in this category, please report the **PAID LEAVE** benefits that are available, the average number of days given per year and the annual cost as a percentage of the employee's salary.

	Benefit Available		Average number of days per year	Annual Cost as a Percentage of Employee Salary
	Yes	No		
(1) Vacation Leave	<input type="radio"/>	<input type="radio"/>	□ □ □ □	□ □ □ . □ □
(2) Sick Leave	<input type="radio"/>	<input type="radio"/>	□ □ □ □	□ □ □ . □ □
(3) Maternity/Paternity Leave	<input type="radio"/>	<input type="radio"/>	■ ■ ■ ■	□ □ □ . □ □
(4) Floating Days	<input type="radio"/>	<input type="radio"/>	□ □ □ □	□ □ □ . □ □
(5) Other Paid Leave*	<input type="radio"/>	<input type="radio"/>	□ □ □ □	□ □ □ . □ □

* **Other Paid Leave:** jury duty, bereavement leave, personal leave and any other paid leave provided.

If you do not have any **part-time non-management employees with or without a collective bargaining agreement** (as reported in **Question 1(b) B**), then you are not required to complete the following pages. Statistics Canada thanks you for taking the time to participate in this survey.

5 (c) Pay Related Benefits

Please report the **PAY** related benefits that are available, the number of employees receiving the benefit and the total cost of each benefit for the **REFERENCE PERIOD**.

	Benefit Available		Number of Employees	Dollar Amount
	Yes	No		
(1) Severance Allowances	<input type="radio"/>	<input type="radio"/>	_____	\$ _____
(2) Supplementary Maternity/ Paternity Benefits	<input type="radio"/>	<input type="radio"/>	_____	\$ _____
(3) Other Supplements to Employment Insurance	<input type="radio"/>	<input type="radio"/>	_____	\$ _____
(4) Other Non-Wage Benefits*	<input type="radio"/>	<input type="radio"/>	_____	\$ _____
Totals of Pay Related Benefits (sum of items 1+2+3+4)			_____	\$ _____

* **Other non-wage benefits:** moving and storage expenses, low cost or interest free loans, discount of merchandise, subsidized or free transportation, automobile for private use, subsidized or rent free housing, subsidized meal and drinks, subsidized holidays and trip plans, travelling expenses for employee's family plan, subsidized training benefits, Air Miles program, bonus family holiday trips. Include any other non-wage benefits your company provides to its employees.

5 (d) Pension Related Benefits

Please report the **PENSION** related benefits that are available and the total **EMPLOYER CONTRIBUTION** to each plan in dollar amounts for the **REFERENCE PERIOD**.

	Benefit Available		Dollar Amount
	Yes	No	
(1) Defined Contribution Plan ¹	<input type="radio"/>	<input type="radio"/>	\$ _____
(2) Defined Benefit Plan ²	<input type="radio"/>	<input type="radio"/>	\$ _____
(3) Group RRSP Plan ³	<input type="radio"/>	<input type="radio"/>	\$ _____
Total cost of Pension Related Benefits (sum of items 1+2+3)			\$ _____

- 1. Defined Contribution Plan:** money purchase and deferred profit sharing.
- 2. Defined Benefit Plan:** final average/average best earnings, career average earnings, and flat benefit.
- 3. Group RRSP Plan:** DO NOT report the EMPLOYEE'S contribution to the plan.

5 (e) Paid Leave Benefits

For the employees in this category, please report the PAID LEAVE benefits that are available, the average number of days given per year and the annual cost as a percentage of the employee's salary.

	Benefit Available		Average number of days per year	Annual Cost as a Percentage of Employee Salary
	Yes	No		
(1) Vacation Leave	<input type="radio"/>	<input type="radio"/>	□ □ □ □	□ □ □ . □ □
(2) Sick Leave	<input type="radio"/>	<input type="radio"/>	□ □ □ □	□ □ □ . □ □
(3) Maternity/Paternity Leave	<input type="radio"/>	<input type="radio"/>	■ ■ ■ ■	□ □ □ . □ □
(4) Floating Days	<input type="radio"/>	<input type="radio"/>	□ □ □ □	□ □ □ . □ □
(5) Other Paid Leave*	<input type="radio"/>	<input type="radio"/>	□ □ □ □	□ □ □ . □ □

* Other Paid Leave: jury duty, bereavement leave, personal leave and any other paid leave provided.

Statistics Canada thanks you for taking the time to participate in this survey.

Employee Category Definitions

A. Employee:

Any person receiving pay for services rendered in Canada or for paid absence, who works on-site or off-site, and for whom you are required to complete a Canada Customs and Revenue Agency T-4 Form.

- A. A full-time employee usually works 30 or more hours per week.
- B. A part-time employee usually works less than 30 hours per week.
- C. A permanent employee has no set termination date.
- D. A non-permanent employee has a set termination date or an agreement covering the period of employment (e.g. temporary or seasonal).

B. Management:

1. Managers

(a) Senior Managers

Include the most senior manager in the workplace and other senior managers whose responsibilities would normally span more than one internal department. Most small workplaces would only have one senior manager. Examples: president of single location company; retail store manager; plant manager; senior partners in business services firms; production superintendent; senior administrator in public services enterprise; *as well as* vice-presidents, assistant directors, junior partners and assistant administrators whose responsibilities cover more than one specific domain.

(b) Specialist Managers

Managers who generally report to senior management and are responsible for a single domain or department. This category would normally include assistant directors or the equivalent in small workplaces. Examples: department heads or managers (engineering, accounting, R&D, personnel, computing, marketing, sales, etc.); heads or managers of specific product lines; junior partners or assistant administrators with responsibilities for a specific domain; and assistant directors in small locations (without an internal department structure).

C. Non-Management:

1. Professionals

Employees whose duties would normally require at least an undergraduate university degree or the equivalent. Examples: medical doctors, lawyers, accountants, architects, engineers, economists, science professionals, psychologists, sociologists, registered nurses, marketing and market research professionals, nurse-practitioners and teaching professionals. Include computing professionals whose duties would normally require a minimum of an undergraduate degree in computer science. Include professional project managers and supervisors not included in senior managers (B.1 (a)) and specialist managers (B.1 (b)).

2. Technical / Trades

Composed of:

(a) Technical / Semi-professional workers

Employees whose duties would normally require a community college certificate /diploma or the equivalent and who are not primarily involved in the marketing /sales of a product or service. Examples: technologists, lab technicians, registered nursing assistants, audio-visual technicians; ECE-trained caregivers; technology trainers; physiotherapists; legal secretaries and draftspersons. Include computer programmers and operators whose duties would normally require a community college certificate or diploma. Include semi-professional project managers and supervisors not included managers (B.1) and professionals (C.1). Exclude marketing /sales personnel with non-university accreditation.

