

DO NOT COPY THIS COMPLETED SIDE OF THE FORM

2669 Rev 09 04
v1.91

EMPLOYEE EQUITY SURVEY FOR CONTRACTED WORK OR SERVICES IN MANITOBA

**CONFIDENTIAL
DOCUMENT—RESTRICTED
ACCESS—POST HIRE**

NOTE: Manitoba Hydro is committed to achieving a workforce representative of the community. Our commitment extends to work that will be performed by contractors/subcontractors. This form is designed to collect personal information on the composition of the workforce involved. It complies with legislation on employment equity and facilitates the planning and implementation of employment equity activities by contractors/subcontractors for Manitoba Hydro, as well as provides aggregate statistical reports to Manitoba Hydro.

INSTRUCTION: Submit completed form for all project employees to Manitoba Hydro within 24 hours of Hire, Separation or Reclassification.

E-1 CONTRACTOR EMPLOYEE DATA (completed by Employee)			
Employee name	LAST NAME	FIRST NAME	INITIAL
			Partial Social Insurance no. (first and last 3 digits only) ___ ___ ___ X X X ___ ___ ___
City, town, village or community of residence			Province, territory or state
If from Manitoba, please specify (see Note 1 other side)	<input type="checkbox"/> Northern Resident	<input type="checkbox"/> Manitoba Resident other than a Northern Resident	
Referral / Recruitment information			Union and Local (if applicable)
<input type="checkbox"/> Visible Minority Agency _____			<input type="checkbox"/> Women's Agency _____
<input type="checkbox"/> Disability Agency _____			<input type="checkbox"/> MB Family Services and Housing

E-2 EQUITY GROUPS (completed by Employee)			
INSTRUCTION: Mark an 'X' in the appropriate box for all categories that apply to you. More than one category may apply. Eg: Female and Indigenous.			
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male			
Indigenous PEOPLES "means persons who are Indian, Inuit, or Métis peoples of Canada including status, treaty, or registered persons as well as non-status and non-registered peoples."			
Are you an Indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, mark the appropriate box: <input type="checkbox"/> Status Indian <input type="checkbox"/> Non-status Indian <input type="checkbox"/> Métis <input type="checkbox"/> Inuit			
If Status, please indicate: Treaty no.: _____ First Nation name: _____			
Indigenous Referral / Recruitment information			
<input type="checkbox"/> Referred by MAET (Note 2 other side) <input type="checkbox"/> Recruited by Contractor <input type="checkbox"/> Recruited by Manitoba Hydro <input type="checkbox"/> Other, specify: _____			
Pre-project training received? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of agency that provided training	TRAINING RECEIVED	yyyy mm dd
MEMBERS OF VISIBLE MINORITY GROUPS "a member of a visible minority in Canada is someone (other than an Indigenous Person as previously defined), who is non-Caucasian in race or non-white in colour, regardless of your place of birth. Your response will be based on your determination of racial or ethnic origin."			
Are you a person in a visible minority group? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PERSONS WITH DISABILITIES "Any restriction or lack of ability (resulting from impairment) to perform an activity in the manner or within the range considered usual for a human being."			
Persons who have a long-term or recurring physical, mental, sensory, psychiatric, or learning impairment and:			
a) Considers themselves to be disadvantaged in employment by reason of that impairment, OR			
b) Believes that an employer or potential employer is likely to consider them to be disadvantaged in employment by reason of that impairment.			
Persons whose functional limitations owing to their impairment that have been accommodated in their current job or workplace are included as disabled.			
Do you have a disability (as defined above)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

E-3 CROSS CULTURAL TRAINING DATA (completed by Employee)			
Previous Cross Cultural training received? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of agency that provided training	TRAINING RECEIVED	yyyy mm dd
On the Job Cross Cultural training received? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of agency that provided training	TRAINING RECEIVED	yyyy mm dd

NOTICE OF COLLECTION:

This personal information is being collected under the authority of a Manitoba Hydro Employment Equity program. The purpose is to verify contractor compliance with the conditions of contracts regarding hiring practices and to uniquely identify and track individuals employed on specific contracts. Other uses and disclosures may be to an electronic database for program tracking, analysis and reporting, government entities and the contractor for statistical reporting, Manitoba Hydro Information Technology Services to administer the electronic database, statistical reporting to the Manitoba Hydro Human Resource Department, to the Manitoba Hydro Purchasing Department's electronic database and to other Manitoba Hydro officials on a "need to know basis". It is protected by regulations of The Freedom of Information and Protection of Privacy Act (FIPPA) and The Personal Health Information Act (PHIA). The contractor will be forwarding reclassification data and hours worked to Manitoba Hydro for tracking purposes. If you have questions about the use, collection or disclosures, contact the Supervisor, Purchasing Department at MANITOBA HYDRO, PO BOX 815 STN MAIN, WINNIPEG MB R3C 2P4 or telephone 474-3932.

I give consent to have my personal information collected in this form and the related employment information provided to Manitoba Hydro by the Contractor, for the purposes set out in the Notice of Collection above.	Signed by (Employee)	yyyy mm dd
--	----------------------	------------



EMPLOYEE EQUITY SURVEY FOR CONTRACTED WORK OR SERVICES IN MANITOBA

**CONFIDENTIAL
DOCUMENT—RESTRICTED
ACCESS—POST HIRE**

S-1 CONTRACT DATA (completed by Manitoba Hydro Site Representative)			
Site Representative name		Contractor Employee name	
Project name		Contract identifier (Spec. or quotation no./RFQ/Purchase Order no.)	
Contract description			Contract Cost Centre no.
Name (Contractor, Subcontractor or Manitoba Hydro)			
PROJECT HIRE DATE	yyyy mm dd	Job classification	If hired as an apprentice, specify level at time of hire: <input type="checkbox"/> None <input type="checkbox"/> 1st year <input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year <input type="checkbox"/> 4th year

S-2 SEPARATION DATA (completed by Manitoba Hydro Site Representative or Contractor)			
Nature of Separation <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged <input type="checkbox"/> Job completed <input type="checkbox"/> Other, specify: _____			
PROJECT SEPARATION DATE	yyyy mm dd	Job classification at time of separation	
Apprentice training level at time of hire <input type="checkbox"/> None <input type="checkbox"/> 1st year <input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year <input type="checkbox"/> 4th year		Apprentice training level at time of separation <input type="checkbox"/> None <input type="checkbox"/> 1st year <input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year	
Other formal on-the-job training Trade: _____		Job classification	TRAINING COMPLETED yyyy mm dd

CS-1 HOURS WORKED DATA (completed by Contractor)
Total hours worked (see note 4 below)

CS-2 RECLASSIFICATION DATA (completed by Contractor)			
PROJECT HIRE DATE	yyyy mm dd	Previous classification	Reason for reclass <input type="checkbox"/> Apprenticeship Advancement <input type="checkbox"/> Completion of other formal on-the-job training
RECLASS DATE	yyyy mm dd	New classification	<input type="checkbox"/> Other, specify: _____

CS-3 ACCIDENT DATA (completed by Manitoba Hydro Site Representative)			
Type of Injury <input type="checkbox"/> Fatality <input type="checkbox"/> Lost Time <input type="checkbox"/> Medical Aid		Work days lost <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify number of days _____	
ACCIDENT DATE	yyyy mm dd	Body part injured	
Accident description			

- NOTES:**
1. As per the contract or purchase order, a Northern Resident is a person who has resided in Northern Manitoba (i.e. north of Northern Affairs Boundary) for a minimum of 5 years accumulatively and a minimum of 6 consecutive months prior to Date of Hire.
 2. MAET refers to Manitoba Advanced Education and Training.
 3. The Hire Date refers to the date upon which the employee began work at the Project site. In the case of an employee who has been re-hired, the Hire Date is the date upon which the employee resumed work at the Project site.
 4. If work on the contract lasts less than 90 days, complete Section CS-1. If work exceeds 90 days, regular updates are required as per tender.