

**MEMBER CHECKLIST FOR PAY DOCKING**

**IF YOU HAVE BEEN GIVEN A NOTICE THAT YOUR PAY WILL BE REDUCED PLEASE RETAIN A COPY FOR YOUR OWN RECORDS AND EITHER: a) FAX THIS FORM, THE NOTICE AND OTHER MATERIAL REQUIRED TO THE ANF ON (03) 9275 9344 OR b) SCAN AND EMAIL THIS FORM, THE NOTICE AND OTHER MATERIAL REQUIRED TO [records@anfvic.asn.au](mailto:records@anfvic.asn.au).**

Name: \_\_\_\_\_

Ward/Unit: \_\_\_\_\_

Hospital/Facility: \_\_\_\_\_

Network: \_\_\_\_\_

Date: \_\_\_\_\_

**1. What was the alleged industrial action that resulted in pay docking?**

-----

**2. Were you given any written notice?** YES / NO

(Attach a copy) What date did you receive it? \_\_\_\_\_

**3. If NO, how were you advised?**

-----

**4. If YES:**

1. Did you understand the notice? YES / NO

2. How was it served on you (e.g. personally, by mail, by email, by fax)?

-----

**5. In order to reduce your wages proportionately in respect to a partial work ban, a representative of the employer must be sure you actually “engaged in” or “proposed to be engaged in” industrial action. To that end:**

a) Did you admit to a management representative that you were engaged in or proposed to be engaged in, a partial work ban? Note: You are not obliged to answer and should refuse to answer any such questions from management. YES / NO

b) If yes to (a), were you specific as to the nature of that work ban? YES / NO

c) If you can remember the conversation please repeat it in the space at the bottom of this questionnaire (include

