

Notice

An Act respecting collective agreement decrees (R.S.Q., c. D-2)

Security guards

- Monthly report of the parity committee
- Amendments

Notice is hereby given, in accordance with subparagraph *h* of the second paragraph of section 22 of the Act respecting collective agreement decrees (R.S.Q., c. D-2), that the Minister of Labour has received from the Comité paritaire des agents de sécurité an application to approve the Regulation to amend the Regulation respecting the monthly report of the Comité paritaire des agents de sécurité, and that, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), the draft Regulation appearing below may be approved by the Government on the expiry of 45 days following this publication.

The draft Regulation replaces the paper form of the monthly report provided for in Schedule 1 to the Regulation, allows the use of the form in the computer format available on the parity committee's Internet site and determines their various modes of transmission.

The consultation period will specify the extent of the impact of the amendments applied for. According to the 2009 annual report of the Comité paritaire sur les agents de sécurité, the Decree respecting security guards (R.R.Q., c. D-2, r. 1) governs 182 employers and 18,321 employees.

Further information may be obtained by contacting:

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Any person wishing to comment on the draft Regulation is requested to submit written comments within the 45-day period to the Deputy Minister of Labour, 200, chemin Sainte-Foy, 6^e étage, Québec (Québec) G1R 5S1.

JOCELIN DUMAS,
Deputy Minister of Labour

Regulation to amend the Regulation respecting the monthly report of the Comité paritaire des agents de sécurité*

An Act respecting collective agreement decrees (R.S.Q., c. D-2, s. 22, 2nd par., subparagraph *h*)

1. The Regulation respecting the monthly report of the Comité paritaire des agents de sécurité is amended in section 1 by replacing the part preceding paragraph 1 by the following:

“**1.** Professional employers governed by the Decree respecting security guards (R.R.Q., c. D-2, r. 1) must submit to the head office of the Committee a monthly report signed by the professional employer or by an authorized representative and containing the following information:”.

2. Section 2 of the French text is amended by striking out “social”.

3. Section 3 is replaced by the following:

“**3.** Professional employers may use the paper form provided for in Schedule 1 that he or she must send to the parity committee by mail, or the form in computer format that he or she must send to the Committee using the on-line monthly payroll report computer program authorized by the Committee.”.

4. Schedule 1 is replaced by the following:

* The Regulation respecting the monthly report of the Comité paritaire des agents de sécurité was approved by Order in Council 1546-85 dated 24 July 1985 (1985, G.O. 2, 3692) and has not been amended since its approval.

“SCHEDULE 1
(a. 4)

WEEKS WORKING FROM		MONTH OF REPORT		EMPLOYER'S NAME		ADDRESS	
1	2	3	4	5	6	7	8
REGULAR WAGES							
Employee No.	Class	Rate	Reg. Hrs.	O/Hrs.	Rate	Reg. Hrs.	O/Hrs.
1			1				
2			2				
3			3				
4			4				
5			5				
6			6				
7			7				
8			8				
FOR OFFICIALENT ONLY							
COMITÉ PARTAIRE des RÉGENTS de SÉCURITÉ							
TEL: _____							
IDENTIFICATION							
Surname		Category		TYPE		DATE YY/MM/DD	
Given name		S.I.N.		P.		AMOUNT	
Street No.		Apn. No.					
Street							
City		Tel.					
Postal Code		Cell Phone					
Friday worked YY/MM/DD		Date of birth YY/MM/DD					
Union No. & No.		Gender/M.F.		Employee No.			
NEW CONTACT INFORMATION							
EFFECTIVE DATE :							
YY/MM/DD							
Surname							
Given name		S.I.N.		P.		AMOUNT	
Street No.		Apn. No.					
Street							
City		Tel.					
Postal Code		Cell Phone					
Friday worked YY/MM/DD		Date of birth YY/MM/DD					
Union No. & No.		Gender/M.F.		Employee No.			
IDENTIFICATION							
Surname		Category		TYPE		DATE YY/MM/DD	
Given name		S.I.N.		P.		AMOUNT	
Street No.		Apn. No.					
Street							
City		Tel.					
Postal Code		Cell Phone					
Friday worked YY/MM/DD		Date of birth YY/MM/DD					
Union No. & No.		Gender/M.F.		Employee No.			
NEW CONTACT INFORMATION							
EFFECTIVE DATE :							
YY/MM/DD							
Surname							
Given name		S.I.N.		P.		AMOUNT	
Street No.		Apn. No.					
Street							
City		Tel.					
Postal Code		Cell Phone					
Friday worked YY/MM/DD		Date of birth YY/MM/DD					
Union No. & No.		Gender/M.F.		Employee No.			
IDENTIFICATION							
Surname		Category		TYPE		DATE YY/MM/DD	
Given name		S.I.N.		P.		AMOUNT	
Street No.		Apn. No.					
Street							
City		Tel.					
Postal Code		Cell Phone					
Friday worked YY/MM/DD		Date of birth YY/MM/DD					
Union No. & No.		Gender/M.F.		Employee No.			
NEW CONTACT INFORMATION							
EFFECTIVE DATE :							
YY/MM/DD							
Surname							
Given name		S.I.N.		P.		AMOUNT	
Street No.		Apn. No.					
Street							
City		Tel.					
Postal Code		Cell Phone					
Friday worked YY/MM/DD		Date of birth YY/MM/DD					
Union No. & No.		Gender/M.F.		Employee No.			
IDENTIFICATION							
Surname		Category		TYPE		DATE YY/MM/DD	
Given name		S.I.N.		P.		AMOUNT	
Street No.		Apn. No.					
Street							
City		Tel.					
Postal Code		Cell Phone					
Friday worked YY/MM/DD		Date of birth YY/MM/DD					
Union No. & No.		Gender/M.F.		Employee No.			
NEW CONTACT INFORMATION							
EFFECTIVE DATE :							
YY/MM/DD							
Surname							
Given name		S.I.N.		P.		AMOUNT	
Street No.		Apn. No.					
Street							
City		Tel.					
Postal Code		Cell Phone					
Friday worked YY/MM/DD		Date of birth YY/MM/DD					
Union No. & No.		Gender/M.F.		Employee No.			
IDENTIFICATION							
Surname		Category		TYPE		DATE YY/MM/DD	
Given name		S.I.N.		P.		AMOUNT	
Street No.		Apn. No.					
Street							
City		Tel.					
Postal Code		Cell Phone					
Friday worked YY/MM/DD		Date of birth YY/MM/DD					
Union No. & No.		Gender/M.F.		Employee No.			
CLASSIFICATION							
A							
01	REG. EMPLOYEE	\$		\$		TOTAL MONTHLY REG. WAGES \$	
02	PART-TIME EMPLOYEE						
03	TRAIL. EMPLOYEE						
04	CORSAI. EMPLOYEE						
B							
11	TOTAL MONTHLY SUP. WAGES \$	\$		\$		GRAND TOTAL \$	
12	LEVY 13.0% OF THE B.P. COVER	\$		\$		TOTAL A.G.S. DUE TO P.C. \$	
13							
14							

WE DECLARE AND CERTIFY THAT THIS DOCUMENT IS A TRUE AND ACCURATE REPORT OF OUR PAY REGISTER AND RECORDS

“
AUTHORIZED SIGNATURE
BLOCK LETTERS

“
CERTIFIED SIGNATURE
BLOCK LETTERS

5. This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

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