



For office use only	
Reference #:	
Date received:	
Faxed:	<input type="checkbox"/>
Mailed:	<input type="checkbox"/>
Other:	

Proposals for Collective Bargaining 2018

All questions contained in this questionnaire are strictly confidential.
If you should require help in filling out this form please feel free to contact the Association office directly:

Cathy at cathy@mahcp.ca or call 204-772-0425

ONLY ONE PROPOSAL PER FORM PLEASE

PERSONAL INFORMATION

Name:	Home Email:
	Phone:

MEMBER INFORMATION

Occupation i.e. Social Worker/Radiation Therapist:	
Classification (charge/general duty):	
Site (name of hospital/clinic):	
Region (geographic area):	

PROPOSAL DEFINITIONS and INFORMATION

- **Article numbers** are found in the table contents of your Collective Agreement (*example: 11 Annual Vacation*)
- **Clauses** are sub headings in number form found below the Article (*example: 1103*)
- **Proposed change** is making a change to existing language
- **New Proposal** is any new language that does not fit any existing Articles. Please do your best to describe what you are proposing.
- **Supporting data** (i.e. supporting signatures) must be faxed to the Association Office and will be attached to the proposal FAX #: (204- 775- 6829)

Article Name and Number:	
Clause: (if applicable)	

(please circle only one below)

Proposed Change or New Proposal

Please be very clear whether or not this is a **CHANGE to existing language** or **COMPLETELY new language** to the Collective Agreement.

