



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

## Bargaining Proposal Form – MAHCP Agreements

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:

info@mahcp.ca or call 204-772-0425/1-800-315-3331

**ONLY ONE PROPOSAL PER FORM PLEASE**  
**DEADLINE: January 31, 2020**

### PERSONAL INFORMATION

<b>Name:</b>	<b>Home Email:</b>
	<b>Phone:</b>

### MEMBER INFORMATION

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

### PROPOSAL INFORMATION DEFINITIONS

- **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 forwarded to the Association Office via fax, mail or email and will be attached to the proposal (fax #: 204-775-6829; info@mahcp.ca; 101-1500 Notre Dame Ave, Winnipeg, R3E 0P9)

<b>Article Name and Number:</b>	
<b>Clause:</b> (if applicable)	
(only choose one) <b>Proposed Change:</b>	
<b>New Proposal:</b>	

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


