



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

Bargaining Proposal Form

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
SUBMISSION DEADLINE: Tuesday, February 18, 2020

PERSONAL INFORMATION	
Name:	Home Email:
	Phone:
MEMBER INFORMATION	
Occupation/Job Title (e.g., Social Worker/Radiation Therapist):	
Classification (charge/general duty):	
Site (name of facility):	
Location (city/town):	
PROPOSAL INFORMATION AND DEFINITIONS	
<ul style="list-style-type: none"> • Article numbers are found in the table contents of your Collective Agreement (example: 18 Annual Vacation) • Clauses are sub headings found below the Article (example: 1803) • Proposed Change is making a change to existing MAHCP language • New Proposal is any new language that does not fit an existing Article in an MAHCP agreement. This also applies to elements of non-MAHCP agreements you are seeking to retain, with or without proposed changes. Please provide as much detail as possible. • Supporting data (e.g., supporting signatures, salary comparisons, etc.) must be forwarded 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) 	
Collective Agreement (e.g., MAHCP St. Boniface, MGEU Local 220, UFCW Grace Hospital, CUPE Klinik)*	
Article Name and Number:	
(if applicable) Clause:	
(check one) Proposed Change: <input type="checkbox"/>	New Proposal*: <input type="checkbox"/>
* CHECK "NEW PROPOSAL" IF YOU ARE REFERENCING NON-MAHCP AGREEMENTS	
Please use the following page to describe your proposed change or new proposal in detail.	

