



BARGAINING PROPOSAL SUGGESTION FORM

BARGAINING UNIT: Hay River Health & Social Services Authority Expiry: March 31, 2021

*Name	
*Address	
*Department	
*Work Location/Facility	

*The information above is REQUIRED. If any of these fields are empty, we will not be able to verify that you are a member in good standing, and will not be able to include your input.

Membership Number	
Personal Email Address	

Employment Status: (check all that apply)

Full-Time
 Part-Time
 Casual
 Indeterminate
 Term

Please type or print. Use a separate sheet if additional space is required.

Subject Matter	Collective Agreement Reference (if applicable)	
	Article:	
	Page:	
(Note: please use a separate form for each subject)		

1.	Outline of your proposal
2.	If purpose is simply to clarify wording, please provide examples of problems arising from misinterpretation of the current agreement.

3.	<p>If this is a <u>NEW</u> proposal, or a <u>CHANGE</u> (other than clarification of wording), describe the problem which prompted your proposal and provide arguments to be used at the bargaining table to support your proposal. Name other Employers that have similar practices and/or mention or attach other Union agreements containing similar provisions.</p>

Please return your survey to:

<p>Email hrhssbarg@unw.ca</p>	<p>Mail or Drop Off Suite 400, 4910 – 53 Street Yellowknife, NT X1A 1V2</p>	<p>Fax 867-920-4448</p>
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Must be received at UNW HQ by MARCH 31, 2020

PLEASE NOTE:

- This is NOT an anonymous survey. Anonymous responses will not be included.
- You must be a signed member in good standing of the HRHSS bargaining unit to participate.
- You can sign a membership application to become a member in good standing any time so that you can participate.