Proposal Form 2016 - Public Service Collective Bargaining

NOTE: Proposals are to be submitted at your local proposals meeting only. Forward to: Shelley Strachan at SGEU, 1011 Devonshire Drive North, Regina, SK S4X 2X4. Refer to the list of meeting dates and times included in this Bargaining Report.

Proposals must be submitted on this form, MUST be signed and include your name and address. **Proposals that are unsigned or not in this format will not be accepted.** You may access the proposal form at: sgeu.org

| Please identify the type of proposal you are General Component | ☐ Health/Dental | be referred to Health Plan Board of Trustees) | | | | |
|---|---|--|--|--|--|--|
| Your Occupation Code Support Services Legal, Inspection & Regulatory | Check (X) your component Human Services Trades & Technical | ☐ Admin & Communications ☐ Vehicle, Equipment & Operations | | | | |
| Remember: please submit one proposal per form. Please PRINT. | | | | | | |
| SUBJECT/TOPIC MATTER Identify the subject or issue you wish to raise pertaining to the PSGE CBA. Use a separate page for each subject or proposal. | | | | | | |
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| PROPOSAL Briefly outline your proposal. Explain what by identifying the idea or concept of the ch | • | —————————————————————————————————————— | | | | |
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RATIONALE

| If the purpose of your proposal is sim current agreement. Identify the article | | give examples of p | roblems, of misinter | pretation of the |
|--|---------------------------|--------------------|-----------------------|------------------------|
| If this proposal is not currently identification wish, you can name other similar keep the rationale brief. Any longer details | r practices or identify o | ther union agreem | ents containing simil | lar provisions. Please |
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| If you require further information or or 522-8571, ext. 206. | assistance, contact the | PSGE Negotiating (| Committee at 1-800 | -667-5221, ext. 206 |
| PLEASE PRINT | | | | |
| Name: | | | | |
| PSGE Local # | | | | |
| Home Address: | | | | |
| Home Phone: | | | | |
| Job Title (not your occupation code): | | | | |
| Ministry: | | Work Location: | | |
| | | | | |
| Signature: | | [| Date: | |