



| 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): | Occupational 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)* | MAHCP - All agreements for OT's |
| Article Name and Number: | Article 20: Bereavement Leave |
| (if applicable) Clause: | |
| (check one) Proposed Change: <input checked="" 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. | |

