**CONTRACT PROPOSAL FORM**

# STATE MASTER CONTRACT - AFSCME COUNCIL 5, AFL- CIO

(Please turn in your PROPOSALS TO LOCAL 920 BY **DateToBeDetermined**)

# SUBMITTED BY LOCAL: 920 Proposal #:

MASTER AGREEMENT: Article ; Section ; Page #:

SUPPLEMENTAL AGREEMENT: Minnesota Department of Health and Health Related Boards;
Article Section ; Page #

Which unit(s) does this proposal primarily affect?

All Unit 2 Unit 3 Unit 4 Unit 6 Unit 7

**PROPOSAL:** (Please describe the outcome your local wants to accomplish – do not try to write specific contract language.)

**WHAT PROBLEM WILL THIS PROPOSAL SOLVE?** (Please specify who has been affected by the problem and how the outcome you want will fix the problem.)

For language interpretation cases, has the local union grieved the issue or raised it in local labor management? If so, what was the outcome?

**PRIORITY** Circle one of the following: 1 2 3 4 5 (1 = “nice to have”, 5 = “strike issue”)

Proposal passed by Local No. 920 on: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Local Union President: X



(updated 2/2018)