

BARGAINING PROPOSAL SURVEY

Brothers & Sisters:

*UNIT:_____ *DATE:_____

*Unit and Date are Mandatory

Please fill out this survey indicating the level of importance from 1-10 (10 being most important) for each of the following issues. Be as candid and as specific as possible so that we may build a framework in negotiations to best address your concerns.

NAME (optional): ______

WAGES/BENEFITS	1-10	COMMENTS
Wage Improvements		
Off Shift Premium		
Pension Improvements		
Holidays/ Vacation		
Improvements		
Bank Time		
STD & LTD Benefits		
Improvements		
Health Care Improvements		
Safety Shoes/Glasses		
Work/Program Commitment		
Language Changes		

OTHER ISSUES/SUGGESTIONS

If you have not registered in meeting and voting information		

IN SOLIDARITY

Your Bargaining Committee

PAGE 2 OF 2