



Contract Negotiation Proposal

for the contract period beginning July 1, 2019

One proposal per form. Please submit information on additional sheet(s) if necessary - type or print legibly. Must be received by HGGEA before close of business on **November 30, 2017.**

Name of Member: _____

Bargaining Unit (circle one): 2 3 4 8 9 13 14

Mailing Address: _____

Work Phone: _____ Home Phone: _____

Personal email address (Unit 8 please include work email): _____

Employer (check one): ___ State ___ Judiciary ___ HHSC ___ County of _____

Department / Division / Branch: _____

NOTE: Proposals regarding classification, retirement benefits and the health plan benefits (medical/life/dental) are non-negotiable. These matters are addressed through legislative action.

This proposal refers to Article (if known) _____ in the contract.

Island: _____ Worksite: _____

Number of employees affected in Department: _____ On Island: _____

Your hours of work: Regular _____ Shift _____

PROPOSAL: _____

REASON FOR PROPOSAL (submit supporting documents, if available): _____

Please return this form to HGGEA:

OAHU
888 Mililani Street #401
Honolulu, HI 96813
Phone: 543-0000
Fax: 528-4059

HAWAII
495 Manono Street
Hilo, HI 96720
Phone: 935-6841
Fax: 961-2437

KAUAI
3213 Akahi Street
Lihue, HI 96766
Phone: 245-6751
Fax: 245-9632

MAUI
2145 Kaohu Street
Wailuku, HI 96793
Phone: 244-5508
Fax: 244-3621

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(DO NOT FILL BELOW THIS LINE)
ACTION TAKEN

Grievance Item: _____

Legislative Item: _____

Submitted to Negotiations Committee: _____ Date Member Informed of Action: _____