

HOSPITAL PROFESSIONALS DIVISION (SECTOR 10)  
CENTRAL DEMANDS REPORT

LOCAL #: \_\_\_\_\_ HOSPITAL: \_\_\_\_\_

F/T UNIT \_\_\_\_\_ P/T UNIT \_\_\_\_\_ FT/PT UNIT \_\_\_\_\_

LOCAL PRESIDENT \_\_\_\_\_  
OR UNIT STEWARD \_\_\_\_\_  
Print Name Signature Date

OTHER OFFICER \_\_\_\_\_

**PLEASE LIST DEMANDS IN DESCENDING ORDER OF PRIORITY**

Please attach appropriate documentation for your rationales

**Please fax (416-448-7451) to Agnela Pereira by October 3, 2008**

PRIORITY #1      ARTICLE \_\_\_\_\_

DEMAND: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RATIONALE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRIORITY #2      ARTICLE \_\_\_\_\_

DEMAND: \_\_\_\_\_

\_\_\_\_\_

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RATIONALE: \_\_\_\_\_

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PRIORITY #3      ARTICLE \_\_\_\_\_

DEMAND: \_\_\_\_\_

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RATIONALE: \_\_\_\_\_

\_\_\_\_\_

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PRIORITY #4      ARTICLE \_\_\_\_\_  
DEMAND: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RATIONALE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRIORITY #5      ARTICLE \_\_\_\_\_  
DEMAND: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RATIONALE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRIORITY #6      ARTICLE \_\_\_\_\_  
DEMAND: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RATIONALE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRIORITY #7      ARTICLE \_\_\_\_\_  
DEMAND: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RATIONALE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRIORITY #8      ARTICLE \_\_\_\_\_

DEMAND: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RATIONALE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRIORITY #9      ARTICLE \_\_\_\_\_

DEMAND: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RATIONALE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRIORITY #10      ARTICLE \_\_\_\_\_

DEMAND: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RATIONALE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRIORITY #11      ARTICLE \_\_\_\_\_

DEMAND: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RATIONALE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_