

HOSPITAL PROFESSIONALS DIVISION (SECTOR 10)  
LOCAL DEMANDS REPORT

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

BARGAINING UNIT: \_\_\_\_\_

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

OTHER OFFICER \_\_\_\_\_  
Print Name Signature Date

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

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