

PARTICIPATION IN OPSEU HPD CENTRAL BARGAINING

Local #: _____

Hospital: _____

Bargaining Unit: _____ (e.g. FT/PT or Lab or X-ray, etc.)

Name of President or Unit Steward: _____

Telephone Numbers: Home: _____ Work: _____

Home E-mail: _____ Work E-mail: _____

Name of Staff Representative: _____

Our Bargaining Unit will be participating in Central Negotiations:

Yes

No

SIGNATURE _____

Date of Local Demand Set Meeting: _____

NOTE:

At the 1985 Division Meeting, it was decided that locals who opt in to Central Negotiations will be considered to remain in for future rounds of negotiations unless the local advises in writing to the contrary.

Please complete and fax (416-448-7451) this form by October 3, 2008 to the attention of Agnela Pereira with your central demands.