



**HOSPITAL PROFESSIONALS DIVISION
BARGAINING UNIT DEMAND-SETTING**

CENTRAL DEMANDS REPORT – 2010

LOCAL #: _____ HOSPITAL: _____

FT UNIT _____ PT 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) or email (apereira@opseu.org) to Collective Bargaining
by October 1, 2010***

PRIORITY #1 ARTICLE _____

DEMAND: _____

RATIONALE: _____

PRIORITY #2 ARTICLE _____

DEMAND: _____

RATIONALE: _____

PRIORITY #3 ARTICLE _____

DEMAND: _____

RATIONALE: _____

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: _____
