



ONTARIO PUBLIC SERVICE 2004 COLLECTIVE BARGAINING
LOCAL DEMAND SETTING

SPECIAL CASE SUBMISSION

PLEASE PRINT

LOCAL _____

JOB CLASSIFICATION _____

CATEGORY Administrative Correctional Institutional & Health Care
 Office Administration Technical / Operational & Maintenance

NAMES(s) and ADDRESS(es) of member(s) initiating or involved in this special case proposal:

Name _____
Street _____
City _____
Postal Code _____
Telephone Res: (____) _____ (____) _____
Bus: (____) _____ (____) _____

INSTRUCTIONS

1. This form is to be filled out in full following acceptance of this special case, by the category involved, at your local demand setting meeting. The names required above are important should the team need to contact someone for more information on the request.
2. **TO BE VALID, THE FOLLOWING CONDITIONS MUST BE MET:**
 - a) Only submissions made through the local demand setting process and recorded on this form will be included in the package placed before the appropriate category negotiating team for a final decision.
 - b) This form must be signed by two (2) local officers (preferably including the Local President).
 - c) This form must be received by your Regional Office by **September 21, 2004**.

Local President _____	Local Officer _____
Local Office Held _____ (if not Local President)	Local Office Held _____
Signature _____	Signature _____
Address _____ _____	Address _____ _____
Postal Code: _____	Postal Code: _____
Telephone Res: (____) _____	Telephone Res: (____) _____
Bus: (____) _____	Bus: (____) _____

