

MARYSVILLE EDUCATION ASSOCIATION

BARGAINING HEARING FORM

NAME _____ POSITION _____
WORK SITE _____ PHONE (HOME) _____
BARGAINING UNIT _____ PHONE (CELL) _____

SUBJECT OF CONCERN _____ ARTICLE _____ SECTION _____ PAGE _____

(IF THIS IS NOT FILLED IN, IT WILL BE ASSUMED TO BE A NEW ITEM)

WHAT WOULD YOU LIKE TO SEE ADDED OR CHANGED IN THE CONTRACT?

WHY DO YOU FEEL THIS NEEDS TO BE ADDED OR CHANGED?

Please include supporting signatures and bring 7 copies to a Bargaining Hearing.

Hearing Dates:

**Feb. 21, 2:30 at MPHS Library
Feb. 28, 4:15 at Grove Library
Mar. 7, 3:15 at MMS Library**