

# MARYSVILLE EDUCATION ASSOCIATION

## BARGAINING HEARING FORM

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NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
WORK SITE \_\_\_\_\_ PHONE (HOME) \_\_\_\_\_  
BARGAINING UNIT \_\_\_\_\_ PHONE (CELL) \_\_\_\_\_

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SUBJECT OF CONCERN \_\_\_\_\_ ARTICLE \_\_\_\_\_ SECTION \_\_\_\_\_ PAGE \_\_\_\_\_

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

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

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

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

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**Hearing Dates:**

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