



# Contract Negotiation Proposal

One proposal per form. Please submit information on additional sheet(s) if necessary - type or print legibly.

Date: \_\_\_\_\_ (Note: date of submittal determines which negotiation period this applies to)

Name of Member: \_\_\_\_\_

Bargaining Unit (circle one): 2 3 4 6 8 9 13 14

Mailing Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Personal email address (Unit 8 please include work email): \_\_\_\_\_

Employer (check one): \_\_\_\_\_ State \_\_\_\_\_ Judiciary \_\_\_\_\_ HHSC \_\_\_\_\_ County of \_\_\_\_\_

Department / Division / Branch: \_\_\_\_\_

**NOTE: Proposals regarding classification, retirement benefits and the health plan benefits (medical/life/dental) are non-negotiable. These matters are addressed through legislative action.**

This proposal refers to Article (if known) \_\_\_\_\_ in the contract.

Island: \_\_\_\_\_ Worksite: \_\_\_\_\_

Number of employees affected in Department: \_\_\_\_\_ On Island: \_\_\_\_\_

Your hours of work: Regular \_\_\_\_\_ Shift \_\_\_\_\_

PROPOSAL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR PROPOSAL (submit supporting documents, if available): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form to HGFA:

**OAHU**  
888 Mililani Street #401  
Honolulu, HI 96813  
Phone: 543-0000  
Service@hgea.org

**HAWAII**  
495 Manono Street  
Hilo, HI 96720  
Phone: 935-6841  
Hawaiiidiv@hgea.org

**KAUAI**  
3213 Akahi Street  
Lihue, HI 96766  
Phone: 245-6751  
Kauaidiv@hgea.org

**MAUI**  
2145 Kaohu Street #206  
Wailuku, HI 96793  
Phone: 244-5508  
Mauidiv@hgea.org

(DO NOT FILL BELOW THIS LINE)

## ACTION TAKEN

Grievance Item: \_\_\_\_\_

Legislative Item: \_\_\_\_\_

Submitted to Negotiations Committee: \_\_\_\_\_ Date Member Informed of Action: \_\_\_\_\_