



TWU-ATD CONTRACT PROPOSALS



SUGGESTED CONTRACT PROPOSAL

PLEASE PRINT LEGIBLY

1. Use a separate form for each suggestion.
2. All information must be complete and specific for each suggestion.
3. Use language that is suitable for final disposition. (Take your time and be sincere.)
4. Attach all supporting documents (if any) to support your suggestion.
5. If additional space is needed, attach additional pages.
6. Submit your completed form to the TWU Hall or Grievance office.

LOCAL: 510

Emp No.	Last Name	First Name	M.I.	Date
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Street Address	City	State	Zip
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Home Phone	Work Phone	Cell No.	Shop No.
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Title Group (Check One)
 I _____ II _____ III _____ IV _____ V _____ Tech Spec _____ Grnd School _____ Sim Tech _____

Check the category that best describes you suggestion:

Retirement Benefits		Contractual Article
Retiree Medical/Dental Benefits	_____	Letter of Memoranda
Active Medical/Dental Benefits		Other

Suggestion:
