CONTRACT PROPOSAL SURVEY

Inasmuch as your contract will expire soon, please complete the following survey in order that we may better formulate your contract proposals. After completing the survey, please return to your Steward who will forward it to the Union office, mail to 3460A Hollenberg Dr., Bridgeton, MO 63044, or fax to 314-298-3910. We will then schedule a meeting to discuss the results of the survey and prepare our contract proposals for submission to the Employer.

Name:		Date Completed:
Employer:		
1.		te what type of wage increase (either percentage or across-the-board) you would like and the amount of the wage se for each year of the labor agreement:
2.	What improvements/changes would you like to see in the following benefits:	
	a.	Vacation
	b.	Pension
	C.	401k or other Retirement or Savings Program
	d.	Medical Coverage
	e.	Dental/Vision Coverage
	f.	Life Insurance Coverage
	g.	Long Term Disability Coverage
	h.	Sick Leave/Personal Leave
	i.	Holidays
	j.	Funeral Leave/Jury Duty, etc
3.	Changes in your working hours	
4.	Seniority/Bidding Rights/Promotions	
5.	Overtime	
6.	Other	