

INEQUITY PROPOSAL FORM

AFSCME COUNCIL 5, AFL-CIO ALL UNITS

PROPOSALS ARE DUE TO THE COUNCIL 5 OFFICE BY **OCTOBER 1, 2026**

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Submitted by Local: _____

Proposal No.: _____ (leave blank)

Classification:

Unit 2 Craft, Maintenance Unit 3 Service Unit 4 Health Care Unit 6 Clerical Unit 7 Technical

Bargaining Unit:

ALL Unit 2 Unit 3 Unit 4 Unit 6 Unit 7 Unit 8
Craft/Maintenance Service HealthCare Clerical Technical Corrections

Number of Affected Employees: _____

Submitted By: _____

If you are willing to discuss/present the inequity during negotiations, please provide your contact information below.

Phone Number: _____ - _____ Email: _____

PROPOSAL

(please describe the increase you wish for this class.)

EXTERNAL WAGE DATA

(do you have data on wages paid to this class by another public or private employer? If so, please attach a copy or tell us where we can find the data.)

Wage Data Attached : Yes No Data Location :

HAY POINTS

(do you have current HAY data on this class? If so, attach the information.)

HAY Data Attached No HAY Data Provided

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COMPARABLE CLASSES

(are there similar classes in State service you see this class compared to? If so, which ones?)

Yes No

RECRUITMENT PROBLEMS

(is your agency in the State in general having recruitment problems? If so, please provide specifics on inability to fill vacancies.)

RETENTION PROBLEMS

(is your agency in the State in general having problems retaining employees in this class? If so, please provide specifics on how often employees voluntarily quit or retire. Is the retention problem primarily among newer employees or among long-term employees?)

PRIORITY: _____ (select one, where 1 = “nice to have”, 5 = “strike issue”)

Thank You for submitting your Inequities Data. Your Voice DOES Matter !

PROPOSAL PASSED by Local _____

on ____ / ____ / ____

Signature of Local Union President