

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: Click or tap here to enter text.

(ADMIN WILL ENTER) **Proposal No.:** Click or tap here to enter text.

Classification: Choose an item.

Bargaining Unit: Choose an item.

Number of Affected Employees: Choose an item.

Submitted By: Click or tap here to enter text.

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

Phone Number: Click or tap here to enter text. **Email:** Click or tap here to enter text.

PROPOSAL

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

Click or tap here to enter text.

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.)

Choose an item.

Click or tap here to enter text.

HAY POINTS

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

Choose an item.

Click or tap here to enter text.

COMPARABLE CLASSES

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

Choose an item.

Click or tap here to enter text.

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RECRUITMENT PROBLEMS

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

Click or tap here to enter text.

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?)

Click or tap here to enter text.

PRIORITY: Choose an item. (select one, where 1 = "nice to have" , 5 = "strike issue")

ADMIN WILL COMPLETE THIS LAST SECTION

PROPOSAL PASSED by Local Click or tap here to enter text.

E-Signature of Local Union President

on Click or tap to enter a date.

Signature