



HNA NEGOTIATIONS PARTICIPATION FORM

INSTRUCTIONS: Have your voice's heard at the negotiations table. Complete this Negotiations Participation Form and return the form to the Union Office by fax at 524-2760 or by mail at 677 Ala Moana Blvd Suite 301 Honolulu Hawaii 96813 before November 30, 2009. It is essential that we understand the desires/needs of each nurse as we enter negotiations. *(Please attach separate paper if needed to complete answers)*

HOSPITAL/FACILITY _____

UNIT DEPARTMENT _____

STATUS (REGULAR FULL-TIME, REGULAR PART-TIME, ETC.) _____

Personal Email Address (optional) _____

1. List the five (5) top priorities that are the most important issues to you for the upcoming negotiations (wage increase, seniority, scheduling). Explain why and how it is important to you and your nursing colleagues.

PRIORITIES:

- _____
- _____
- _____
- _____
- _____

COMMENTS: _____

2. Are you working mandatory overtime? If yes, please explain how often (i.e. every week, once a month) and the reasons. Any recommendations as to how to correct the problem with mandatory overtime?

3. Have there been any changes in your work environment? Change in assignment and scheduling of work hours? If so, please explain and provide recommendations that you would like to see addressed on the bargaining table.

What kind of certifications and/or specialty certifications do you possess?

Have there been any issues regarding scheduling? Please explain.

4. What new and innovative contract language would you like to see proposed and why?

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