

# DAS LRU: Bargaining Concept Form

<b>Agency Contact Information</b>	
<b>Agency:</b>	<b>Div/Pro/Sec:</b>
<b>Contact #1 Email:</b>	<b>Contact #1 Phone Number:</b>
<b>Contact #2 Email:</b>	<b>Contact #2 Phone Number:</b>
<b>Impacted Bargaining Units &amp; Articles</b>	
<p><b>Please select all impacted bargaining units.</b> <i>(hold down the left CTRL button and click to select/deselect multiple options)</i></p>	<p><b>Please write the names for all impacted articles and letters of agreement.</b> <i>(If you select multiple bargaining units, please identify each article impacted)</i></p>

## **Bargaining Concept Information**

### **Concept Description:**

*Please write the full description and provide context for your bargaining concept.*

### **Issue Resolved:**

*Please describe the issue that would be resolved through this bargaining concept.*

**Previously Proposed:**

*Please check the box to indicate if this concept has been previously proposed.*

**Previous Proposal Years:**

*Please indicate all previous proposal cycles where this concept was proposed.  
(hold down the left CTRL button and click to select/deselect multiple options)*

**Previous Outcomes:**

*Please provide the context on what occurred during previous bargaining cycles when this concept was offered. What was the outcome?*

**Reason for Reproposing:**

*Please provide context around why this concept is being re-proposed in the current bargaining cycle.*

**Statutory Amendments Required:**

*Please check the box to indicate if the concept will require statutory amendments.*

**Identified ORS(s):**

*Please write out the identified Oregon Revised Statutes which are impacted by this bargaining concept.*

**After completing this bargaining concept form, please submit it to your Agency HR Department for official processing and forwarding to the DAS Labor Relations Unit.**