



CSLEA Legislation Request Form

www.cslea.com | 916.447.5262
2029 H Street, Sacramento, CA 95811

MEMBER NAME: _____ AFFILIATE: _____

JOB CLASS: _____ AGENCY: _____

PHONE #: (H) _____ (W) _____ (M) _____

EMAIL ADDRESS: _____

1. Describe the problem or issue you are attempting to resolve via legislation.

2. What is the background or empirical data to justify legislation?

3. Explain why the problem or issue could not be resolved administratively (e.g. by your agency) or by collective bargaining.

4. Have you discussed this problem or issue with you affiliate board members?

Yes No

5. Who from your affiliate will write letters, gather information and give testimony at legislative hearings as an “expert” on the subject?

6. Has there ever been any prior legislation dealing with this issue? (If so please include bill numbers and legislators who authored bills)



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7. Is this problem or issue a labor issue and/or public safety issue? Why?

8. In the long run who does this help and who does it hurt (if anyone)? What are the projected monetary costs to implement the legislation?

9. What groups or individuals would be in support and in opposition to this legislation?

10. Should any other CSLEA affiliates be included?

*** PLEASE INCLUDE ANY OTHER RELEVANT INFORMATION ***

Instructions: Form can be saved and emailed to contactus@cslea.com or printed and mailed to:

CSLEA
Attn: Legislative Chair
2029 H Street, Sacramento, CA 95811