

CSLEA Legislation Request Form

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Member Name:	Affiliate:
JOB CLASS:	Agency:
Phone #: (H) (W)	(M)
Email Address:	
1. Describe the problem or issue you are attempting	g to resolve via legislation.
2. What is the background or empirical data to just	ify legislation?
3. Explain why the problem or issue could not be recollective bargaining.	esolved administratively (e.g. by your agency) or by
4. Have you discussed this problem or issue with your result of the second of the seco	
5. Who from your affiliate will write letters, gather i hearings as an "expert" on the subject?	nformation and give testimony at legislative
6. Has there ever been any prior legislation dealing and legislators who authored bills)	with this issue? (If so please include bill numbers



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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: