

APPENDIX F

WE RULE CHANGE PROPOSAL FORM

Submit by Oct 1 to secretary@workingeq.ca

SUBMITTED BY:

| | |
|-------------------------------|--|
| Name: | |
| Organization (if any): | |
| Email: | |
| Phone: | |
| Date: | |

PROPOSED CHANGE:

| Section(s) | |
|-----------------------------|--|
| Proposed Change | |
| Rationale for Change | |