**Resolution Submission Form**

This form is provided as an aid to submitting and recording proposed resolutions for the platform. Please check one of the boxes below indicating the general category that best fits your resolution. Please note that you, as the proposer of the resolution, **must** print and sign your name and include your address, phone number and email if you have one. **NOTE:** This form must also be signed by the caucus secretary.

**Agriculture Economy Education Environment Government Health Care Human Services International Affairs ✔ Labor**

Write your resolution and your rationale for it on the lines below, or tape or staple a printed copy to this form In the event the original resolution is amended, attach the final amended resolution to the back of this form.

**Resolution:** Allow workers to select their own medical provider for worker compensation injuries.

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**Rationale for your resolution:** Nothing is more personal than choosing your own medical provider. We must

provide workers this critical choice when they are injured.

**Proposed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

print your name sign your name

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address

phone number email

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**Caucus secretary:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

sign your name precinct number