

\*\*\*\*\* PLEASE PRINT \*\*\*\*\*

Notification to Union of Mandatory Overtime

Date: \_\_\_\_\_

# Hours & Shift Mandated \_\_\_\_\_

Time Mandated \_\_\_\_\_

Unit: \_\_\_\_\_

Mandated By: \_\_\_\_\_  
*(PTM or Supervisor's Name)*

Your Name: \_\_\_\_\_

Home Phone # \_\_\_\_\_

Reason(s) Mandated *(check all applicable)*

- sick call(s)
- vacation
- open code(s)
- unfilled request(s)
- high acuity
- other

\_\_\_\_\_

Other Options Exhausted by the Employer (that you are aware of):

\_\_\_\_\_

Check here if a Workload Staffing Report (WSR) was filled out regarding this occurrence of mandatory overtime.

\*\*\*\*\*

Notification to Union of Reassignment

*(Formerly known as Secondment)*

Date: \_\_\_\_\_

Unit Scheduled to Work: \_\_\_\_\_

Unit Reassigned to: \_\_\_\_\_

# Hours & Shift Reassigned \_\_\_\_\_

Time Reassigned \_\_\_\_\_

Reassigned by: \_\_\_\_\_  
*(PTM or Supervisor's Name)*

Your Name: \_\_\_\_\_

Home Phone # \_\_\_\_\_

Reason for being reassigned *(check one)*

- Unforeseen (sick call, short notice)
- Foreseen (known vacancy, vacation, leave of absence)

\*\*\*\*\*

Option # 1    print and fax to Local 10 office at (204)772-7294

Option #2    email to mnu10@mnu10.ca