

*****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

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

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