

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

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