



ST BONIFACE NURSES LOCAL 5
OF THE MANITOBA NURSES UNION

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****PLEASE PRINT****

Notification to Union of Mandatory Overtime

Date: _____

Hours & Shift Mandated _____

Time Mandated _____

Unit: _____

Mandated By: _____
(PTM/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

Date: _____

Unit Scheduled to Work: _____

Unit Reassigned to: _____

Hours & Shift Reassigned _____

Time Reassigned _____

Reassigned By: _____
(PTM/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)

Please fax this sheet to the Local 5 office @ 204.237.3927

Please make copies of this form as needed