

**NOTIFICATION TO UNION OF MANDATORY OVERTIME**

**Date:** \_\_\_\_\_ **Your Name:** \_\_\_\_\_  
**Unit:** \_\_\_\_\_ **Your Phone #:** \_\_\_\_\_  
**Time Mandated** \_\_\_\_\_ **# Hours & Shift Mandated** \_\_\_\_\_ (e.g. 8 n, 12 day, 4 ee)  
**Mandated By:** \_\_\_\_\_  
*(PTM/supervisor)*

**Reason(s) given for being mandated** *(check all that apply)*

- |  |                                      |                                       |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Sick call(s)        | <input type="checkbox"/> Vacation    | <input type="checkbox"/> Open code(s) |
| <input type="checkbox"/> Unfilled request(s) | <input type="checkbox"/> High acuity |                                       |
| <input type="checkbox"/> Other _____         |                                      |                                       |

**Options exhausted by the employer** (that you are aware of): \_\_\_\_\_  
 \_\_\_\_\_

- Check here if Code 37 was paged overhead
- Check here if a Workload Staffing Report (WSR) was filled out regarding this occurrence of mandatory overtime.

**NOTIFICATION TO UNION OF REASSIGNMENT**

**Date:** \_\_\_\_\_ **Your Name:** \_\_\_\_\_  
**Unit Scheduled to Work:** \_\_\_\_\_ **Your Phone #:** \_\_\_\_\_  
**Unit Reassigned to:** \_\_\_\_\_  
**# Hours & Shift Reassigned** \_\_\_\_\_ (e.g. 8 n, 12 day, 4 ee) **Time Reassigned** \_\_\_\_\_  
**Reassigned By:** \_\_\_\_\_  
*(PTM/supervisor's name)*

**Reason(s) given for being reassigned** *(check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Unforeseen (sick call, short notice) | <input type="checkbox"/> Foreseen (known vacancy, vacation, leave of absence) |
| <input type="checkbox"/> Other _____                          |   |

*Once completed -please fax this sheet to the Local 5 office @ 204.237.3927*

*Feel free to make copies of this form as needed*