***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.

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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