



Mandatory Overtime Documentation Form

Name _____ Phone w) _____ h) _____

Unit / Dept. _____ Job title _____

Date of mandation _____ Hours mandated: _____
start finish

Was the mandatory overtime due to:

- Known hole(s) Leave of absence A sick call with more than 8 hours notice
 Inadequate number of per diems Vacant position(s) Vacation

Mandatory overtime for any of the above reasons is **foreseeable** and is prohibited by our union contract. If you have checked one or more of the above boxes, **YOUR RIGHTS HAVE BEEN VIOLATED**.

Was the mandatory overtime due to:

- A sick call with less than 8 hours notice A sudden increase in acuity
 A sudden increase in volume Other: _____

Even if the need for mandatory overtime was **not foreseeable**, our union contract states that UNAP members may not be required to do mandatory overtime unless all on-duty and off-duty staff, including floats and per diems, have been asked to volunteer (*except for those who have expressly asked not to be called*).

Did the Hospital contact all potential volunteers? Yes No Don't know

If the Hospital did not contact all potential volunteers, **YOUR RIGHTS HAVE BEEN VIOLATED**.

Please fax or mail this form to the UNAP office so that we can document the abuse of mandatory overtime. If you want to file a grievance, please indicate below and we will be in touch with you.

- I want to file a grievance.
 I don't want to file a grievance, but I want to document this abuse of mandatory overtime.