

COMMITMENT FORM
For Regular Part-time Nurses

As provided in the Collective Agreement, the Hospital is making available to regular part-time employees the opportunity to establish their commitment of hours to the Hospital.

Please note: This is not a guarantee of hours and scheduling provisions of the collective agreement will apply.

The signed commitment form should be returned to your Patient Care Manager by March 1 of each year.

If you have any questions or concerns, please contact your manager or your ONA representative.

Employee's name: _____

Department: _____

Date: _____

Number of hours per pay period available: _____

Employee Signature

Date

Manager Received:

Patient Care Manager Signature

Date Received