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**Ontario Nurses’ Association – ONA111**

**Overtime and Shift Offers Inquiry Form**

Instructions:

1. Complete the Member’s Input section below with the details of the shift offer.

2. Save this document with a unique name (e.g., "ShiftInquiry\_YourName\_Date.docx").

3. Email this form to your manager and request they complete the Manager’s Response section.

4. Keep a copy for your records and forward the completed form to the union if necessary.

**Member’s Input:**

Member’s Name: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shift Offer Number (if applicable): \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shift Date and Time: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time Notification Received: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time You Responded: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Notes or Concerns:

**Manager’s Response**:

Time Shift Was Posted: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who Was Awarded the Shift? \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Status of Assigned Staff:

 [ ]  Full-Time

 [ ]  Part-Time

 [ ]  Casual

Seniority Date of Assigned Staff: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the Assigned Staff Already Work Overtime in This Pay Period?

 [ ]  Yes (How many in the pay period:      )

 [ ]  No

Was the Priority Window Followed?

 [ ] Yes

 [ ]  No

If no, explain: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long was the priority window? \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments or Clarifications

Signature Section:

Manager’s Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_     \_\_\_\_\_\_\_\_\_\_