

## Hospital Employees' Union

### Release of Overtime for Modified Hours of Work

I, the undersigned, employed at:

**(Name of Facility)** \_\_\_\_\_

In the **(Name of Department/Work Area)** \_\_\_\_\_

Wish to participate in an experiment with modified hours of work.

The proposed work schedule provides for an extended work day / compressed work week. I understand that overtime rates will apply for work in excess of \_\_\_\_\_ ( ) paid hours in one (1) day, in accordance with scheduled hours in the attached rotation.

I further understand that the experiment may be discontinued by either party on thirty (30), days' notice to the other party if either the Hospital Employees' Union or the Employer find the experimental hours unsatisfactory.

Signature: \_\_\_\_\_

Position Title: \_\_\_\_\_ *Full-time, Part-time*

Date: \_\_\_\_\_

Please print:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_