

## **ADMINISTRATIVE LOGISTICS in the APPLICATION to VARY HOURS OF WORK**

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- In order to ascertain if there is 75% support to vary hours of work in the department, the Local must take a vote of all regular employees working in the department (having a proposed rotation sample at the time of the vote would be desirable);
- Local should obtain the list of all regular employees from the Employer.
- Notice of poll should be posted in the department for a minimum of seven (7) days;
- Regular employees on all shifts and LOA's must have an opportunity to vote;
- Votes to vary hours of work may only be conducted once a year;
- One (1) Local officer will be paid up to 7.5 hours union leave pay if necessary to conduct the vote;
- Departmental volunteers should be appointed to be scrutineers;
- If the vote is 75% or more in support of varying the hours of work, the Local should proceed with the attached application;
- Locals must keep the record of the votes and copy their Servicing Representative; (vote record should be attached to the application)
- Casuals called in to work the extended hour shift will be given an opportunity to accept or decline; and if they accept the shift they also accept the extended hour concept;
- If 75% of regular employees in the department do not sign the waiver form, the application to vary hours of work cannot proceed.



# EXTENDED HOURS VOTE RESULTS

Hospital Employees' Union

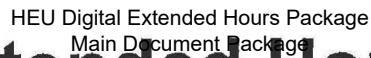
**TO BE POSTED**

**YES** \_\_\_\_\_ %

**NO** \_\_\_\_\_ %

**LOCAL (SITE):**

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## Local:

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## Application to Vary Hours of Work

**Preamble:** The following Resolution was adopted at the 25<sup>th</sup> Hospital Employees' Union Biennial Convention:

### **Subject: Extended Work Hours**

- (1) THEREFORE BE IT RESOLVED that with regard to workers requesting to work extended hours, the change can be made with seventy-five percent (75%) of the affected members voting for it.
- (2) THEREFORE BE IT RESOLVED where applications are approved by the local and the regional office that a reply be mandatory within thirty (30) days of receipt by Provincial Office.

An extended work day memorandum includes all regular employees working the area/department.

The Union's Provincial Executive has authority to approve an extended work day variation to the collective agreement. The criteria used in approving such applications are listed below:

- There must be no less than two (2) complete days off at any one time;
- Total hours in the year must be within plus or minus one shift of 1950 hours; one shift equals 7.5 hours.
- There must be no decrease in the number of employees covered by the proposed schedule from those covered by the original schedule;
- There must be as many full-time positions as possible, with one or more part-time positions combined to create a full-time position;
- The number of hours worked by a part-time employee must be the same or greater in the proposed schedule as in the original schedule;
- The statutory holidays must be pre-scheduled in addition to the employees' days off, unless they are to be taken on the statutory holiday itself;

- There can be a combination of extended hours of work and regular hours of work in the same rotation;
- Except where the rotation is 52 weeks long, the rotation must end and repeat itself at some time during the year;
- The application/schedule must be employee initiated, not employer initiated; and,
- The application must be approved by 75% of the regular employees affected. (Does not include regular employees relieving in the department.)
- Extended hours memoranda can be cancelled on thirty (30) days notice by either party.
- The annual hours per week based on 7.5 hours per day x 5 days per week x 52 weeks equals 1950 hours.
- The following criteria applies to 1950 hour work year:
  - B Employees on an approved 6/2 rotation may work more than 37.5 hours one week and less in another.
  - B The 6/2 schedule provides an annual average 37.5 hours per week or not more than 1950 hours in a 52-week period (364 days) commencing on January 1 of any year.
  - B Where a rotation requires that employees (a) work more than 6 days; (b) work more than 5 days (in departments that only work 5-day weeks); (c) not have 2 consecutive days off; (d) work more than 1950 hours in 52 weeks as above and/or; (e) not have statutory holidays attached to as many 2 days off as possible, the Union cannot give its agreement and therefore the proposed rotation cannot take effect.
- **The final agreement of the extended hour application must come from the Union, not from the employees, in the form of a Memorandum or Letter of Understanding between HEU and the Employer.**

## **Extended Hours Application Form**

***All questions in this form must be answered, then forwarded to your Local Executive for their investigation, approval and signature.***

***Please remember to attach the following documents to the application:***

- 1. Calculation of Extended Hours***
- 2. "Release of Overtime" forms for each employee affected***
- 3. Shift Schedules – copy of the present and the proposed schedule***

### **1. Hospital Information:**

Hospital Name: \_

Department: \_

Group Classification: \_\_\_\_\_

### **2. Employee Information:**

List the names and job title of all employees affected:

\_\_\_\_\_

**TOTAL # of regular employees**

75%        /        /

**3. Explain the reasons for, or advantage of, this application for extended hours:**

**4. Present Schedule:**

- a) Describe the present schedule and attach a copy:
  
  
  
  
  
  
  
  
  
  
- b) How many full-time equivalents (FTEs) does the present schedule employ? *(The number of FTEs is calculated by dividing the total number of paid hours of all employees by 1950 hours).*

**5. Proposed Schedule:**

- a) Describe the proposed schedule and attach a copy:
  
  
  
  
  
  
  
  
  
  
- b) Who initiated the request for the change in schedule:
  
  
  
  
  
  
  
  
  
  
- c) How many FTEs does this new schedule employ *(the number of FTEs cannot be reduced by this new schedule)*:

**6. Have Statutory Holidays been included in the proposed schedule:**

Yes

No



**7. How many breaks are scheduled:**

Meal Breaks:

Coffee Breaks

(2 meal breaks and 3 coffee breaks for shifts of 10 hours or more.)

**8. Are 75% of employees in the department in favour of the proposed schedule?**

Yes

No

If no, explain:

**9. What is the Employer's position on the proposed schedule?**

**10. Are any other employees in the hospital already on an extended work day/extended work week schedule? If yes, in what departments and what is their experience with the schedule?:**

**11. Other Comments:**

**Local Executive Committee to complete the following:**

The information contained in this application has been reviewed by the Local Chairperson and Secretary Treasurer, and by signing below, we confirm that the form is complete and accurate. *By signing it, it is not to be construed that I/we agree with the concept of extended work days/extended work weeks.*

Signed: \_\_\_\_\_  
Local Chairperson Local Secretary Treasurer

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

***Please forward this form to your HEU Servicing Representative for processing.***

Name of HEU Representative: \_\_\_\_\_

Signature of HEU Rep: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Your application will be returned if:**

1. You have submitted photocopies;
2. You have submitted an incomplete application;
3. You have not attached the record of the vote;
4. You have submitted the employer's application and/or calculation sheets;
5. You have not submitted the current schedules and/or proposed schedules;
6. You have submitted calculations that do not reflect the proposed schedules;
7. You have not submitted the required number of waivers;
8. The application has not been signed by the Local Union and/or Servicing Representative.

## Hospital Employees' Union

### Calculation of Extended Hours – Full-Time line:

There are 37.5 paid hours x 52 weeks in a year = 1950 hours

This includes: 12 statutory holidays (12 x 7.5 work hours per day = 90 paid stat hours)

1860 paid work hours in one year (1950 – 90 = 1860) + 90 paid statutory holiday hours.

Total: 1950 paid hours in one year

**Name of Facility:**

**Department/Work Area:**

1. Number of weeks per rotation **A**
2. Number of rotations per year (52 weeks ÷ **A**) **B**
3. 

Number of shifts	at	paid hours =	hours
Number of shifts	at	paid hours =	hours
Number of shifts	at	paid hours =	hours
Number of shifts	at	paid hours =	hours
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Number of shifts	at	paid hours =	hours
Number of shifts	at	paid hours =	hours
Number of shifts	at	paid hours =	hours
- Total paid hours worked per rotation: (add the above hours) **C**
4. Total Number of hours scheduled per year **D**  
{multiply the number of rotations per year by  
the total number of hours worked (**B x C**)}
5. Add 90 hours of paid Statutory holidays to **D** **E**

*Note: If you need to calculate this for multiple differing lines, please see the 'Extended Hours - Full Time Calculation' form. This is an extra form you can attach to the package when you send it to your Rep.*

6.

Please indicate how the imbalance of hours owed by employee/employer will be dealt with:

## Hospital Employees' Union

### Calculation of Extended Hours – Part-Time Line:

There are 37.5 paid hours x 52 weeks in a year = 1950 hours

This includes: 12 statutory holidays (12 x 7.5 work hours per day = 90 paid stat hours)

1860 paid work hours in one year (1950 – 90 = 1860) + 90 paid statutory holiday hours.

Total: 1950 paid hours in one year

Name of Facility: \_\_\_\_\_

Department/Work Area: \_\_\_\_\_

1. Number of weeks per rotation \_\_\_\_\_ **A**

2. Number of rotations per year (52 weeks ÷ **A**) \_\_\_\_\_ **B**

3.	Number of shifts	at	paid hours =	hours
	Number of shifts	at	paid hours =	hours
	Number of shifts	at	paid hours =	hours
	Number of shifts	at	paid hours =	hours
	Number of shifts	at	paid hours =	hours
	Number of shifts	at	paid hours =	hours
	Number of shifts	at	paid hours =	hours
	Number of shifts	at	paid hours =	hours

Total paid hours worked per rotation: (add the above hours) \_\_\_\_\_ **C**

4. Total Number of hours scheduled per year \_\_\_\_\_ **D**  
{multiply the number of rotations per year by  
The total number of hours worked (**B x C**)}

5. Add 4.8% hours of paid Statutory holidays to **D** \_\_\_\_\_ **E**

*Note: If you need to calculate this for multiple differing lines, please see the 'Extended Hours - Part Time Calculation' form. This is an extra form you can attach to the package when you send it to your Rep.*

## 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: \_\_\_\_\_

\_\_\_\_\_