

# Health PEI

One Island Health System

## PREFERENCE FOR EXTRA SHIFTS FORM

I, \_\_\_\_\_, a part time employee working at  
\_\_\_\_\_ with \_\_\_\_\_ (Department/Unit),  
am submitting my written request for preference for extra shifts.

- \_\_\_\_\_ UPSE Article 14.30
- \_\_\_\_\_ IUOE Article 21.17
- \_\_\_\_\_ PEINU Article 20.22
- \_\_\_\_\_ CUPE Article 22.18

I also understand that:

- For administrative purposes, my expression of interest for extra shifts applies for the entire year (April 1 – March 31); and
- I will discuss with my manager/scheduler my availability during the preference period in order to assist in the assigning of shifts.
- If at any time, there is a change in my ability or availability to pick up shifts, I agree to discuss same with my manager/scheduler.
- If I would like to remove myself completely from the preference list at any time, I will do so in writing. I understand that once I have removed my name from the list I will not be entitled to preferences as outlined in my collective agreement for this period.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager

\_\_\_\_\_  
Date