



Caressant Care Nursing
and Retirement
Homes Limited

Inter-Office Memorandum
Caressant Care Woodstock

Level 2
Med Room

81 Fyfe Avenue • Woodstock, Ontario • N 8Y2 • P (519)539-6461 • F (519)539-7467
www.caressantcare.com

Date: April 19, 2013
To: Registered Staff
From: Brenda Van Quaethem
Subject: Overtime

A review of hours indicates we are over in hours for Registered Staff. This cannot continue as we will be unable to maintain budget and will result in reduction in hours. We do not want this to happen.

Employee time sheets should reflect scheduled hours only. From this point forward any hours that you stay over are not written on the timesheet. You take these hours and discuss them with Helen Crombez, Director of Nursing, Brenda Van Quaethem, Administrator or on call manager. They will write the approved overtime on the time sheets.

Registered staff must prioritize what is important. Please ensure paperwork for resident care is completed as necessary. Communicate well to oncoming shift what is a priority.

As per the RN Collective Agreement Article 15:03

Employees required for reporting purposes shall remain at work for a period of up to fifteen (15) minutes which shall be unpaid. Should the reporting time extend beyond fifteen (15) minutes however, the entire period shall be considered overtime for the purposes of payment.

Please report to oncoming shifts promptly and do not stay beyond your 15 minutes as it cannot be paid time unless manager approval is obtained.



**ONTARIO NURSES' ASSOCIATION
ASSOCIATION DES INFIRMIERES ET INFIRMIERS DU L'ONTARIO
GRIEVANCE REPORT/RAPPORT DE GRIEF**

ONA LOCAL 36 SECTION LOCALE DE L'AIO	EMPLOYER Caressant Care Woodstock EMPLOYEUR	STEP ETAP E	DATE SUBMITTED TO EMPLOYER DATE DE SOUMISSION A L'EMPLOYEUR
GRIEVOR PLAIGNANTE Elizabeth Wettlaufer		1.	□□□□ APR 23/13
DEPARTMENT SERVICE □□□□	GRIEVANCE NO. NO DU GRIEF 201303296	2.	□□□□
		3.	□□□□

NATURE OF GRIEVANCE AND DATE OF OCCURRENCE/NATURE DU GRIEF ET DATE DE L'EVENEMENT

I am grieving that the Employer has violated the Collective Agreement including Article 1, 3, 8 and any other relevant provisions and/or pertinent legislation by suspending me on April 12, 2013 without just cause for five (5) unpaid working days.

SETTLEMENT REQUESTED/REGLEMENT DEMANDE

1. That the Employer cease and desist from violating the Collective Agreement;
2. That all references to the suspension be removed from any and all files and destroyed in my presence;
3. Compensation including interest for any and all monies lost as a result of the Employer's actions;
4. Retroactive service, seniority and any and all benefits lost as a result of the Employer's actions;
5. Any other remedy deemed appropriate in the circumstances.

SIGNATURE OF GRIEVOR: SIGNATURE DU LA PLAIGNANTE: Elizabeth Wettlaufer RN	SIGNATURE OF ASSOCIATION REP: SIGNATURE DE LA REP. DE L'AIO: Karen Partridge RN
STEP	EMPLOYER'S ANSWER/REPONSE DE L'EMPLOYEUR
□□□□	
	DATE RECEIVED FROM THE UNION: □□□□ DATE DE RECEPTION DU SYNDICAT: DATE SUBMITTED TO THE UNION: DATE DE SOUMISSION AU SYNDICAT: □□□□

PRE M- IER E ETA PE ▶		SIGNATURE AND POSITION OF EMPLOYER'S REPRESENTATIVE SIGNATURE ET TITRE DU REPRESENTANT DE L'EMPLOYEUR ▶ 000000
	DATE RECEIVED BY THE UNION: 000000 DATE DE RECEPTION PAR LE SYNDICAT:	
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