

Provincial Travel Nurse Team Adjustment Form

Forward to SHProvincialTravelNurseTeam@sharedhealthmb.ca
once approved my Unit Manager

*Please note all overtime gets paid out by default. We follow the Shared Health MNU 4-week blocks in calculating OT *

Name: _____ Employee #: _____

Facility name: _____

SDO (select one): NRHA _____ IERHA _____ PMH _____ SHSS _____

Facility Unit: _____ Classification: _____

Overtime / Mandated shift:

Date of Shift: _____ Assigned shift hours: _____

Time From: _____ To: _____

Specify Relief Type and Reason

(Ex.: "OT due to Heavy Workload"; "Mandated due to sick call"); _____

FOR EFT NURSES ONLY (Casuals can only have it paid out): Bank _____ Pay out _____

Reassigned shift:

Date of Shift: _____ Assigned shift hours: _____

Unit From: _____ Unit To: _____

Time From: _____ Time To: _____

Missed breaks (select all that are applicable):

Date of Shift: _____ Paid breaks: Rest period 1 _____ Rest period 2 _____ Unpaid breaks: Meal break 1 _____ Meal break 2 _____
Signature _____

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Signature _____

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Signature _____

Date of Shift: _____ Paid breaks: Rest period 1 _____ Rest period 2 _____ Unpaid breaks: Meal break 1 _____ Meal break 2 _____
Signature _____

Responsibility Pay:

Date of Shift: _____ Time From: _____ To: _____ Signature of Manager/Supervisor: _____

Date of Shift: _____ Time From: _____ To: _____ Signature of Manager/Supervisor: _____ ..

Date of Shift: _____ Time From: _____ To: _____ Signature of Manager/Supervisor: _____

Date of Shift: _____ Time From: _____ To: _____ Signature of Manager/Supervisor: _____

Triage Pay: (applicable to facilities where above ED/Urgent Care premium apply) Dauphin, Swan River, The Pas, Flin Flon, Thompson, Selkirk, Portage La Prairie, Neepawa, Boundary Trails and Bethesda

Date of Shift: _____ Time From: _____ To: _____ Signature of Manager/Supervisor: _____

Date of Shift: _____ Time From: _____ To: _____ Signature of Manager/Supervisor: _____ ..

Date of Shift: _____ Time From: _____ To: _____ Signature of Manager/Supervisor: _____

Date of Shift: _____ Time From: _____ To: _____ Signature of Manager/Supervisor: _____

Short Call shift:

Facility name: _____ Shift Type (ex: D12): _____

Approved by (Unit Manager or designate name): _____ Manager or designate signature: _____

Authorized by:

Unit Manager or Designate name: _____ Unit manager or designate signature: _____

Please do not fill – for office use:

Cost Centre: _____ Relief Code: _____

Data inputted by: _____