

PRO FORMA LETTER FOR TERMINATION OF SHIFT OPTION

TERMINATION OF SHIFT OPTION FOR LOCAL RECORDS

Date: _____ Local: _____
Unit: _____

We have conducted a vote on the ward/unit/facility/agency and we were unable to implement or continue the Shift Option.

_____ shift option terminated because:

The following reason or reasons apply:

1. Voting ratio did not meet SUN Provincial criteria _____
2. Inability to develop a workable schedule. _____
3. Lack of cooperation from management. _____
4. Other _____

**The Local should keep a copy of this letter for their files.