

Beck Request Form (ONA Part Time Employees)

| Employee Information Request | |
|--|---------------------------|
| Employee Name | |
| Employee Number | |
| Department | |
| I am available to work the following hours pe | r pay period* (Check one) |
| 45.00 Hours | |
| 56.25 Hours | |
| ■ 67.5 Hours | |
| *All staff will be scheduled to their minimum Commitment of 45.00 hours prior to additional tours being scheduled. | |
| I am qualified and interested in working additional tours on the following unit(s) | |
| Employee signature | |
| Beck Period | Submission Due |
| April 22/24 to October 20/24 | February 15/24 |
| October 21/24 to April 20/25 | September 15/24 |
| * Beck submission is only required with changes in requests. | |
| Please submit form to Unit Manager. | |
| Original to employee file | |

Höpital Hotel Dieu Hospital