

APPENDIX D

PAID TIME OFF

I would like to donate _____ hours of PAID TIME OFF to the WSNA negotiating team members in an effort to minimize loss of wages.

Your name: _____

Your signature: _____ Date: _____

Time donated will be paid to Registered Nurses participating in WSNA contract negotiations on the following dates:

September 9th, September 16th, September 30th and November 10th

Donated time will be paid to Registered Nurses who miss a work shift only (in an effort to keep FTE whole).

Your paid time donation will be calculated at your rate of pay and transferred to the pay rate of the employee receiving the donation.

C: file of employee donating leave