

Memorandum of Understanding

between

Health Employers Association of British Columbia

on behalf of

[Health Authority]

and

[UNION]

Re: Extended Hours of Work

The undersigned are in agreement to having the **employee(s)** of the following unit vary their hours of work so as to provide for an extended work day/extended work week, namely the:

[Unit]

The **employee(s)** in the above-named unit shall be governed by the Master Memorandum of Agreement entered into between the parties for the purpose of varying certain terms of the Collective Agreement to provide for the introduction of extended hours.

Hours of Work

The hours of work for the **employee(s)** in the above-named unit shall be as outlined in the attached **[UNION]**-HEABC Application for Extended Hours.

Overtime

Overtime will be calculated on the employee's regular hourly rate and paid as outlined in the Master Memorandum of Agreement between the parties.

Signed on by **[Health Authority], designated authority for Health Employers Association of British Columbia:**

per: _____
[Health Authority HR/LR Director]

Dated this _____ day of _____, **2018**

Signed on behalf of **[UNION]**

per: _____
[UNION LRO]

Dated this _____ day of _____, **2018**