

**Acute Care Claim Form for Nursing Leadership Premiums
For Other Sectors, Please Consult Collective Agreement**

To be Completed and Submitted by Nurse by October 31st:

Eligible 12 Month Period	November 1, 20_____ to October 31, 20_____							
Personal Information	Name							
	FTE Status (FT/PT/Casual)							
	Job Title							
	Classification (RN 2, etc)							
	Unit/Dept/Area worked							
	Manager's Name							
Points Claimed by Category (Details Attached)	A	B	C	D	E	F	G	Total/60
								/60
Signed _____				Date: _____				

For Internal Use by Management:

Points Approved by Category (Details Attached)	A	B	C	D	E	F	G	Total/60
								/60
Premium Approval	Premium Approved _____				Premium Not Approved _____			
Rationale								
Proration for PT/Casual	**Regular Hours Paid: _____				Amount of Prorated Premium: _____			
	**from the previous Nov 1 to Oct 31 for the year of eligibility:							
Signed _____				Date: _____				

Description of Nursing Leadership Points Claimed

For description of types of leadership activities which can be claimed, see Appendix “B” of the Collective Agreement (C. Nursing Practice and Nursing Leadership Premiums). ** If any discrepancy is noted between the explanations below and the explanation in the Collective Agreement, the language in the Collective Agreement governs.

**** Additional details required to claim points for any of the claimed activities should be attached to this form.**

Category A	Name of Committee/Task Force and Position Held	Number of Meetings Attended	Points Claimed	For Internal Use: Points Approved
COMMITTEE/ TASK FORCE INVOLVEMENT Hospital, District, Province, Union, Professional Organization or Association or Agency <u>5 to 20 points</u>				
		TOTAL:		

Category B			Points	For Internal
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	Name of Association	Position Held	Claimed	Use: Points Approved
PROFESSIONAL ASSOCIATION INVOLVEMENT <u>10 to 25 points</u>				

Category C	Publication/Presentation Details (where, when, name of conference presented at)	Date	Points Claimed	For Internal Use: Points Approved
PUBLICATIONS / PRESENTATIONS <u>10 to 25 points</u>				
		TOTAL:		

Category D	Research Details and Role	Date (started/ completed)	Points Claimed	For Internal Use: Points Approved
RESEARCH <u>5 to 25 points</u>				
		TOTAL:		

Category E	Details of Additional Duties/Leadership Role Taken On	Date	Points Claimed	For Internal Use: Points Approved
UNIT RESOURCE /SKILL / CONTENT EXPERT PERSON <u>20 points (awarded in consultation with Manager)</u>				
		TOTAL:		

Category F	Description of Additional Leadership Responsibilities	Date	Points Claimed	For Internal Use: Points Approved
ACCEPTS ADDITIONAL LEADERSHIP RESPONSIBILITIES <u>5 to 25 points</u>				
		TOTAL:		

Category G	Description of Project	Date	Points Claimed	For Internal Use: Points Approved
SPECIAL PROJECTS <u>10-20 points</u>				
		TOTAL:		