**Claim Form for Nursing Leadership Premiums**

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

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| **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)** |

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| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **Total/60** |
|  |  |  |  |  |  |  | **/60** |

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| **Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**For Internal Use by Management:**

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| **Points Approved by Category (Details Attached)** |

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| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **Total/60** |
|  |  |  |  |  |  |  | **/60** |

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| **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.**

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| **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****5 to 20 points** |  |  |  |  |
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| **Category B** | **Name of Association** | **Position Held** | **Points Claimed** | **For Internal Use: Points Approved** |
| **PROFESSIONAL ASSOCIATION INVOLVEMENT****10 to 25 points** |  |  |  |  |
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| Category C | **Publication/Presentation Details (where, when, name of conference presented at)** | **Date** | **Points Claimed** | **For Internal Use: Points Approved** |
| **PUBLICATIONS / PRESENTATIONS****10 to 25 points** |  |  |  |  |
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| Category D | **Research Details and Role** | **Date (started/ completed)** | **Points Claimed** | **For Internal Use: Points Approved** |
| **RESEARCH****5 to 25 points** |  |  |  |  |
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| Category E | **Details of Additional Duties/Leadership Role Taken On** | **Date** | **Points Claimed** | **For Internal Use: Points Approved** |
| **UNIT RESOURCE /SKILL / CONTENT EXPERT PERSON****20 points (awarded in consultation with Manager)** |  |  |  |  |
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| Category F | **Description of Additional Leadership Responsibilities** | **Date** | **Points Claimed** | **For Internal Use: Points Approved** |
| **ACCEPTS ADDITIONAL LEADERSHIP RESPONSIBILITIES****5 to 25 points** |  |  |  |  |
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| Category G | **Description of Project** | **Date** | **Points Claimed** | **For Internal Use: Points Approved** |
| **SPECIAL PROJECTS****10-20 points** |  |  |  |  |
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