



Health Sciences Association  
The union of caring professionals

Enclose one of the following documents as proof of seniority from your previous employment and indicate which one is enclosed.

- record of employment from previous employer
- letter of hire or letter of appointment from previous employer
- pension statement covering years you are claiming
- T4 from previous years you are claiming
- pay stubs
- CRNBC/CRPNBC statements of hours
- completed portability claim form from previous employer
- notarized statement from a NBA member who worked with you at former worksite
- seniority list.

NOTE: Seniority will only be credited to a maximum of full-time equivalent (1879.2 hours) for any given year.

HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form, you are consenting to have HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members. For further information, please contact HSA's privacy officer. The full HSA privacy policy is available online at [www.hsabc.org](http://www.hsabc.org).



## REGISTERED PSYCHIATRIC NURSES

# Application for retroactive seniority

**APPLICATION DEADLINE: October 31, 2009**

### CONTACT INFORMATION:

Name: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work tel: \_\_\_\_\_ Home tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

### CURRENT REGULAR EMPLOYMENT:

Current work site and address: \_\_\_\_\_

Regular full time                      Regular part time

Start date: \_\_\_\_\_

### PAST REGULAR EMPLOYMENT:

Previous worksite and address: \_\_\_\_\_

Dates of regular full time or part time employment, from \_\_\_\_\_ to \_\_\_\_\_

Seniority credits requested (hours / years): \_\_\_\_\_

I confirm that all of the information provided is correct to the best of my knowledge:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax, e-mail or regular mail your completed application form with proof of seniority document to:**

Pam Burns, c/o BCNU  
4060 Regent Street, Burnaby, BC, V5C 6P5  
Fax: 604.433.7945 (Lower Mainland) or  
1.888.284.2222 (toll free in BC)

**AND SEND A COPY TO:**

Jessica Bowering, c/o HSA  
300 – 5118 Joyce Street, Vancouver, BC V5R 4H1  
Fax: 604.439.0976 (Lower Mainland) or  
1.800.663.6119 (toll free in BC)

Contact Jessica Bowering for more information:  
Phone: 604.439.0994 (Lower Mainland) or  
1.800.663.2017 (toll free in BC)  
E-mail: [jbowering@hsabc.org](mailto:jbowering@hsabc.org)