

**SASKATCHEWAN HEALTH AUTHORITY
SENIORITY APPEAL FORM
HSAS
2018 Seniority Year (Jan 7, 2018 – Jan 5, 2019)**

Date: _____

Name: _____
(Please Print)

Telephone: _____ Email : _____

The seniority list shall be open for correction for a period of thirty (30) days from the date of posting (March 3, 2019). Correction requests shall be limited to **the accrual of Seniority Hours** for the previous 12 months (**January 7, 2018 to January 5, 2019**):

Please attach any documentation to support proof of error and list reasons, dates, hours, etc.

Total Hours missing: _____

Proof of error must be submitted by March 3, 2019 to:

Amanda Spinney (306) 655-3978 (Amanda.spinney@saskhealthauthority.ca)
or
Heather McVicar (306) 655-3984 (Heather.McVicar@saskhealthauthority.ca)

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