



Staff Scheduling Query Form

Today's date:

Name of requestor:

Work email:

Contact number:

Department/site:

Occupation:

Union:

Shift date(s):

Shift times:

Reason for query: (If applicable, please include your ASC reference number. If no reference number, please provide as much shift information as you can recall, such as the name of the staff member absent and/or the name of the staff member that was awarded the shift)

You may attach supporting documents outlining your issue. Please email your scheduling query to staffschedulingqueries@providencehealth.bc.ca