



Submit this completed form to acctg@manitobanurses.ca no later than 4 business days prior to your employer's deadline.

April 1, 2026 to September 30, 2026 (All Central Table)
July 1 to September 30, 2026 (St. Amant)

Applicant Name: _____

MNU Member ID:

Worksite/Local:

For each entry, please indicate the date, direct pay hours for each date (MNU/site paid hours only), and the details of the specific Union Activity (i.e. committee or board work, approved MNU education conference, AGM etc.):

[illegible]



Application for Union Leave Hours for Full-Time Salary Enhancement (FTSE)

Member Declaration

I _____ certify that the information provided is accurate and that the requested hours are those hours approved by MNU for the purposes of engaging in authorized Union activities.

MNU Verification

The union activity information provided above by the member has been reviewed and confirmed as eligible hours under the FTSE eligibility criteria.

Signature: _____

Date: _____

Email Form