



UNA Seniority Date Change Request Form

If you would like your seniority date recognized from another employer, you must submit this form to the UNA Local Representatives for the site which you are working.

Employee Information (to be completed by Employee)

Employee Name (print name):

Employee ID Number:

Covenant Health Site:

Current Seniority Date:

Do you currently work at multiple sites/UNA Locals at Covenant Health? ☐ Yes ☐ No

Employee Signature:

**Complete the top portion of the form and submit to your
UNA Local Representative for review and approval.**
Refer to the [Locals](#) page on the UNA website for UNA Local contact information.

UNA Approval (to be completed by UNA)

New UNA Seniority Date:

Does this apply to all UNA locals within Covenant Health? ☐ Yes ☐ No ☐ N/A

Effective Date of Change:

Approved by:

UNA Local:

Date Approved:

Comments:

**Approved requests must be submitted from the UNA Local to
HRBusinessSupport@covenanthealth.ca.**

HRBSSS Use Only (attach form to processing documentation)

Specialist Name:

Date received in HRBSSS: