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| **1.** | | | | **Identification de l’employé(e) – *Section à remplir par l’employé(e)*** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Nom et prénom : | | | | | | | |  | | | | | | | | | | | | | | | | | | Matricule : | | | | | | | | | |  | | | | | | | | |  | |
| Titre d’emploi : | | | | | | | |  | | | | | | | | | | | | | | | | | | Département : | | | | | | | | | |  | | | | | | | | |  | |
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| **2.** | | | | | **Description du manque à gagner – *Section à remplir par l’employé(e)* – *svp remplir toutes les informations*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Date du manque à gagner : | | | | | | | | | | | AAAA-MM-JJ | | | | | | | | | | | | | | | | | Jour  Soir  Nuit | | | | | | | | | | | | | | | | | | |
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| Total des heures réclamées : | | | | | | | | | | |  | | | | heures | | | | Rég. | | TS | | | Département :  (endroit où le quart a eu lieu) | | | | | | | | | | | | | | | |  | | | | |  | |
| Titre d’emploi : | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | Votre ancienne composante : | | | | | | | | | | | | | | | | | |
| Syndicat : | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | |  | | | |  | | CMR | | | | | |  | Le Virage | | | | |
| Employé ayant fait le quart réclamé : | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |  | | CRDITED | | | | | |  | SRSOR | | | | |
| Motif de réclamation : | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | |  | | Foster | | | | | |  | HSL | | | | |
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| Signature de l’employé(e) : | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Date : | | | | | AAAA-MM-JJ | | | | | | |  |
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| **3.** | | | **Transmission de la réclamation de manque à gagner** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Veuillez acheminer ce formulaire dûment rempli à la GAR, par courriel, par télécopieur ou en personne.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Haut St-Laurent et Jardins-Roussillion | | | | | | | | | | | | Courriel : gar.jr-hsl.cisssmo16@ssss.gouv.qc.ca Télécopieur : 450 699-6840 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suroît et Vaudreuil–Soulanges | | | | | | | | | | | | Courriel : listederappel.csssvs16@ssss.gouv.qc.ca Télécopieur : 450 371-7214 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CMR, CRDITED, Foster, Virage, SRSOR | | | | | | | | | | | | Courriel : 16\_cisssmo\_listerappelreadaptation@ssss.gouv.qc.ca Télécopieur : 450 928-3357 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.** | | | **Analyse du manque à gagner – *Section à remplir par la gestion des activités de remplacement*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Date de réception du manque à gagner à la gestion des activités de remplacement :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | AAAA-MM-JJ | | | | | | | |  | |
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|  | | Votre manque à gagner est non fondé pour la raison suivante : | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
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|  | | Votre manque à gagner est fondé. | | | | | | | | | | | | | | | | | |  | | | Nombre d’heures à payer : | | | | | | | | | | | | | | |  | | | | | | |  | |
|  | | Département : | | | | |  | | | | | | | | | # titre d’emploi : | | | | | |  | | | | | | | | | | | Type de paiement : TS  Régulier | | | | | | | | | | | | | |
|  | | Le formulaire sera acheminé au service de la paie, pour le paiement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c.c. : | | | | | | | | | | | | | | | | | | Dossier employé | | | | | | | Syndicat | | | | | | | Service de la paie (si paiement) | | | | | | | | | | | | GAR |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Signature du responsable de la GAR : | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Date : | | | | | AAAA-MM-JJ | | | | | |  | |
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