

SUN-EXTENDICARE PRO FORMA LETTER

RE: SHIFT OPTIONS

The Employer and the Local of the Union have agreed, pursuant to Articles 7.19 and 7.20 of the Collective Agreement, to implement the shift option(s) indicated below on the unit(s) identified below:

UNIT	OPTION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**SIGNED ON BEHALF OF THE
EMPLOYER**

SIGNED ON BEHALF OF THE SUN LOCAL

DATE