

SOCIAL, INFORMATION AND HEALTH COMPONENT
APPENDIX 4 – WORKLOAD REPORT

Employee name: _____ **Job Title:** MCFD Team Leader

Work Location: _____

Supervisor: _____ **Excluded Manager:** _____

STAGE 1 – Verbal discussion with supervisor – 14 days to respond.

STAGE 2 – Problem description:

Unable to meet MCFD policy/standards/expectations in the following areas:

Consulting with social workers regarding child welfare reports and all child protection consultation points, signing off Vulnerability Assessments, Vulnerability Reassessments, Family Plans, Strength and Needs Assessments, Safety Assessments, Reunification Assessments, Opening, Review, Transfer and Closing Recordings, Careplans, attending court, mentoring and teaching staff, liaising with other MCFD offices and outside agencies, approving funding requests, managing the Time and Leave Management System for all employees, Clinical Supervision of all employees, case consultations with management, performance management process with employees, receiving and dealing with complaints, participating in area and regional planning committees, participating with paneling process and hiring process, managing local budgets, participation in Occupational Health and Safety Committees, participating in mandatory webinars on policy changes, practice updates, legislation changes, completing Occupational Health and Safety Risk Assessment checklist, completing Employee Evaluation Process.

Approximate time spent weekly keeping Time and Leave Management System up to date: _____.

Approximate amount of UNPAID time that signatories are performing on a weekly basis: _____.

What factors contribute to the problem?

Workload Size Unavailability of Supervisor

Inadequate equipment Malfunctioning Equipment

Absence of Staff (Specify): _____

Additional Functions assigned to the Employees (Specify)

 Training required

Other: _____

Employee's Signature: _____ **Date:** _____

Supervisor's and Excluded Manager's Written direction – 14 days to respond.

A copy of the documentation will be forwarded to the employee(s), the next level of excluded manager and to the Local Union Chair through the appropriate union area office.

STAGE 3 – Referred to the Article 29 Committee.

Employee's signature: _____ Date: _____

Article 29 Committee response and recommendation – 30 days to respond.

Article 29 Committee Co-Chair's signatures: _____ Date: _____

Union: _____ Employer: _____

Copies of the response and recommendation to be sent to the Deputy Minister and the employee(s).

Cope 378

06/04/26