

**SOCIAL, INFORMATION AND HEALTH COMPONENT  
APPENDIX 4 – WORKLOAD REPORT**

**PLEASE PRINT**

**Employee name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Excluded Manger:** \_\_\_\_\_

**STAGE 1 - Verbal discussion with supervisor - 14 days to respond**

**STAGE 2 - Problem description:**


**What factors contribute to the problem?**

- |  |   |
|--|---|
| <input type="checkbox"/> Workload size   | <input type="checkbox"/> Unavailability of Supervisor |
| <input type="checkbox"/> Inadequate equipment  | <input type="checkbox"/> Malfunctioning equipment     |
| <input type="checkbox"/> Absence of staff (specify) _____                              |   |
| <input type="checkbox"/> Additional Functions Assigned to the Employee (specify) _____ |   |
| <input type="checkbox"/> Training required   | <input type="checkbox"/> Competing demands            |
| <input type="checkbox"/> Other _____   |   |

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor's and excluded manager's written direction – 14 days to respond**


Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Excluded manager's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*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).*