NAME: **(optional)**

DATE: _____SHIFT: (circle one) day evening night
12-hour day 12-hour night other_____

EMPLOYER: _____ REGION: _____

FACILITY/AGENCY: _____ DEPT: _____

Workload Tracking Form

Steps in report workload issues:

1. Discuss your workload concerns with your supervisor.

   If concerns are resolved communicate to all members in your department.

2. If your concerns are not resolved;
   a) fill-out the Workload Tracking Form
   b) contact your site OH & S

3. Return the Workload Tracking Form to your unit chairperson, or designate.

To succeed in resolving workload issues, the Workload Tracking From needs to be filled out consistently and completely whenever a problem arises in the workplace. When required, also fill out an OH & S Workplace Incident report.

The Union will be publishing ongoing statistics and summaries on our web page www.seiu333.org or watch your Union bulletin board.

TO SUCCEED WE NEED YOU AND MEMBERS IN YOUR DEPARTMETN TO IDENTIFY WORKLOAD CONCERNS AND REGULARLY FILL OUT THIS REPORT.

Union chairperson, or designate:

Please fax completed form to
1-306-652-1392 or 1-977-221-2221

[ ] Form Faxed

What is/are the workload issued?

___ Increase in care/staff needed ___ Non-replacement policy
___ Working alone ___Insufficient staffing levels
___ Aggressive Residents ___ Improper equipment
___ Equipment not working ___ Insufficient trained staff
___ Work not organized evenly throughout the shift
___ Work not organized evenly throughout the facility
___ Resident/client needs inaccurately accessed?
___ Other

Explain: _____

_____

_____

Please circle YES (Y) or No (N) as appropriate:

1. Is this an isolated incident? Y N
2. Is your department working short staffed? Y N
3. Were replacement staff called? Y N
   If so,
   Was the shift filled? Y N
   Was only part of a vacant shift replaced? Y N
4. Are there sufficient casuals on the depart list(s)? Y N
5. Has the Employer failed to post or fill vacant positions? Y N
6. Is your department training new staff on the job? Y N
7. Is there sufficient proper equipment? Y N
8. Is the equipment maintained? Y N
9. Did your supervisor assign additional duties to you? Y N
10. Did the supervisor prioritise/reduce your unusual job duties? Y N
11. Has the Local OH&S Committees been informed? Y N