OPSEU 331- Workload Alert Notification

In accordance with Article 44 of the Collective Agreement

Please be advised that the undersigned has cause to believe that he/she is being asked to perform more work than is consistent with proper patient care. **Please submit the completed form to the Union Office.**

Section 1: General Information			
Name of Employee(s) Reporting:	_____	_____	_____
	_____	_____	_____
Steward involved (if applicable):	_____	Unit/Area/Program:	_____
Date of Occurrence:	_____	Time:	_____
Name of Supervisor:	_____	Date/Time discussed with Supervisor:	_____

Section 2: Details of Occurrence
Provide a concise summary of the occurrence (attach additional pages if necessary) If applicable, please indicate your normal workload. _____ _____
_____

Check One: ☐ Is this an isolated incident? ☐ An ongoing problem?