



## Appendix A: Workload Alert Notification

In accordance with Article 6.07 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. A written response to this request is requested.

Section 1: General Information		
Name of Employee(s)	_____	_____
Reporting:	_____	Steward: _____
Employer/site:	_____	Unit/Area/Program: _____
Date of Occurrence:	_____	Time: _____
Name of Supervisor:	_____	Date/Time Submitted: _____

Section 2: Details of Occurrence
Provide a concise summary of the occurrence(attach additional pages if necessary)
_____
_____
_____
Check One: <input type="checkbox"/> Is this an isolated incident? <input type="checkbox"/> An ongoing problem?

Section 3: Contributing Factors
<input type="checkbox"/> Staffing Shortages _____
<input type="checkbox"/> Patient/Work Preparation _____
<input type="checkbox"/> Concerns _____
<input type="checkbox"/> Patient/Work Volume _____
<input type="checkbox"/> Equipment Concerns _____
<input type="checkbox"/> Other _____

Section 4: Identify the specific risk issues to staff/patient care
<input type="checkbox"/> Emergency Situation (will result in serious impact on patient in the immediate future)
<input type="checkbox"/> Urgent Situation (will result in serious impact on patient in future)
<input type="checkbox"/> Pressing Situation (could result in serious impact on patient in the immediate/foreseeable future)

Section 5: Employee Signatures	
Signature: _____	Phone No.: _____
Signature: _____	Phone No.: _____
Signature: _____	Phone No.: _____
Date Submitted: _____	

**Note to Members and Stewards:** Copies of any completed form should be retained by the member, his/her steward and further copies forwarded to the Department Manager, Human Resources.