**Workload Report**

Documentation of accurate information regarding heavy workload situations will help the Union gather important information required to resolve staffing problems. The Union hopes to correct problems in the allocation of appropriate staffing that may adversely affect employees’ health and safety.

If you are experiencing unusually heavy workload situations,  
please fill out this form

**Name (Optional)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Workplace/Area**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Occurrence**: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ (m/d/y)

**Shift**: 7 am-7pm / 7am-3pm / 3pm-11pm / 7pm-7am / 11pm-7am / Other: \_\_\_\_\_\_\_\_ (circle one)

**Day of Week**: M T W TH F S S

**Were you working alone?** Yes/No (circle one)

Did the supervisor offer solutions to alleviate the situation? Yes/No (circle one).

If yes, describe action taken:

How far was the unit below complement (how many staff were missing)?

If the number of staff scheduled is less than the usual number on the shift, state to the best of your ability why the number is different:

* No replacement for sick call
* Other reason (state if known)

In your opinion, what was the impact to your duties from this workload/staffing situation?

|  |  |
| --- | --- |
| **Check all that apply** |  |
| Task load not being complete |  |
| Shortage of staff |  |
| Falling behind |  |
| Unable to deal with clients effectively |  |
| Paperwork not completed |  |
| Other: |  |

In your opinion, what were the contributing factors to this situation?

* Insufficient staff
* Equipment not available
* Lack of supplies
* Other:

How did this heavy workload situation affect you?

1. Meal break - was it… 🞏 missed 🞏 taken late
2. Overtime - Were you asked to stay? 🞏 yes 🞏 no
3. Physically - How were you affected? 🞏 exhaustion 🞏 injury to self 🞏 other
4. Psychologically – did it affect your mental health? 🞏 yes 🞏 no

**Please submit your completed forms to your Local/Regional OH&S Committee and to Bonnie McRae, Labour Relations Officer, at** [**bmcrae@sgeu.org**](mailto:bmcrae@sgeu.org)**.**