



WORKLOAD ALERT NOTIFICATION

Please be advised that the undersigned Union member is faced with workload pressures that may cause the health and safety of an agency client and/or the member to be placed in jeopardy. We urge you to initiate immediate discussions with the member and the steward listed below to prioritize this workload.

TO: _____
Name of Supervisor

Date: _____

MEMBER: _____

Steward: _____

Position and Work Location: _____

Brief Description of Workload Problem: (attach additional sheets if necessary)

Degree of Seriousness:

_____ ***Emergency Situation*** (will result in serious impact on client/member in the immediate future)

_____ ***Urgent Situation*** (will result in serious impact on client/member in future)

_____ ***Pressing Situation*** (could result in serious impact on client/member in the immediate/foreseeable future).

Note to Members/Stewards: Copies of any completed form should be retained by the member, his/her steward and a further copy forwarded to the President to support Local Union referrals to EERCs, Health and Safety Committees, Ministry Investigators, Coroner's Inquests, etc.