



Workload Alert Notification

(in accordance with Article 6.03 (c) 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 consider this a request to convene an immediate Labour Management Committee meeting to discuss this issue, in accordance with Article 6.03 (c) of the collective agreement. A written response to this request is requested.

To: _____
Director of Human Resources

Date: _____

Member(s): _____

Steward: _____

Position(s) and Work

Location(s): _____

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

Degree of Seriousness:

-----**Emergency Situation (will result in serious impact on patient in the immediate future)**

-----**Urgent Situation (will result in serious impact on patient in future)**

-----**Pressing Situation (could result in serious impact on patient in the immediate/foreseeable future)**

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, and the hospital CEO.