



Workload Alert....Workload Alert.... Workload Alert

To all HPD members:

You have told us that:

- Your workload has increased but staffing levels have remained the same or have declined
- You are expected to work faster
- You are responsible for more patients
- You are covering for absent co-workers more often

Most of you say you usually or often skip breaks in order to get the work done.

Most of you say you feel rushed because you have too much to do during the day, and that it's just getting worse.

Now's the time to bring your workload issues to your employer.
We have that right.

Article 6.03 (c) (i) Professional Responsibility:

The parties have a mutual interest in the provision of quality patient care. Therefore, where an employee, or group of employees, covered by this collective agreement and governed by an Ontario College under the Health Disciplines Act, have cause to believe that they are being asked to perform more work than is consistent with proper patient care it is agreed by the parties that such workload problems may be discussed by the local Labour Management Committee. Such complaint must be filed in writing within fifteen (15) calendar days of the alleged improper assignment.

The attached form can be used by individual members or groups of members.



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: _____ **Date:** _____
Director of Human Resources

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.