



WORK OVERLOAD FORM

1. Classification:

Custodial	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>
Transportation	<input type="checkbox"/>
Secretarial/Clerical	<input type="checkbox"/>
Educational Assistants	<input type="checkbox"/>
Attendance Officer	<input type="checkbox"/>
Production Chef	<input type="checkbox"/>

2. Date work overload occurred:

_____ / _____ / _____ (day/month/year)

Shift: Day Evening

3. Duration of Heavy Workload: _____ to _____ hours
(estimate # of hours)

4. Contributing factor to the situation:

Insufficient Staff	<input type="checkbox"/>
Unfamiliar Casual	<input type="checkbox"/>
Lack of Equipment	<input type="checkbox"/>
Lack of Supplies	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

5. Working conditions: (Please check off all that pertain to the situation)

Meal Period	Missed <input type="checkbox"/>	Late <input type="checkbox"/>
Breaks	Missed <input type="checkbox"/>	Late <input type="checkbox"/>
Overtime	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, how long were the overtime hours:</i> _____		

6. Report to:

a) Who did you inform of the situation?

b) Was there a follow up? Was the situation addressed?

7. Staffing:

Was there need for more staffing? Yes No

Was there a Casual needed? Or Unavailable? Yes No

If no, why not?

Was there an attempt to redistribute the workload? Yes No

Was the Casual Staffed Trained / or have access to the workload? Yes No

If no, why not?

If yes, was it helpful? Yes No

Why?

8. Description of the work overload:

Name _____

Date _____

***Upon completion, please forward your survey to your
Local CUPE 737 President /Secretary***