



President: Sandra Walker
Vice-President: Jay Hunter
Executive Administrator: Jodi Coville

WORKLOAD REVIEW FORM

Date/Time of Occurrence: _____

Site/Location: _____

Department/Unit: _____

Type of Work Being Performed: _____

Number of Staff on Duty: _____ Usual Number of Staff on Duty: _____

I/We, the undersigned, believe that I was/We were given an assignment that was excessive or inconsistent with quality patient care and/or created an unsafe working environment for the following reasons. *(Provide brief description of problem/assignment):*

To correct this problem, I/We recommend:

Name/Title of Immediate Supervisor Notified: _____

Date/Time of Notification: _____

Response: _____

Signature of Employee(s) & Printed Name(s):

I/We do not agree with the resolution of my concern. _____