



Workload Alert Notification

(in accordance with Article 7.03 (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 7.03 (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.