

APPENDIX "C"- WORKLOAD REVIEW FORM

Employee to complete all sections:

Date/Time of the occurrence:

Date form was submitted to Employer:

Site: _____

Unit: _____

Type of work being performed:

Number of staff on duty: _____

Usual number of staff: _____

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 below):

To correct this problem, I/We recommend:

Name/Title of immediate supervisor notified:

Date/Time of notification:

Response:

Signature of employee(s)

Print name(s) below

I/We do not agree with the resolution of our concern:
