



# HEAVY WORKLOAD REPORT

Are there times you are expected to work at an unreasonable pace? If so, fill out this report and give it to a UFCW shop steward, union rep, drop it by the UFCW office or fax it to 786-3175. UFCW will monitor problem areas, make your employer aware of concerns for workers' health and safety, as well as report on progress being made to rectify workload issues.

Name \_\_\_\_\_ Telephone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Date of Incident \_\_\_\_\_

Location of Incident - Dept/Unit \_\_\_\_\_ Supervisor \_\_\_\_\_

Explain in detail what caused an increase to your workload \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was someone sick and not replaced? Yes \_\_\_\_\_ No \_\_\_\_\_

Was someone on vacation and not replaced? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you mention the heavy workload to your supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, to whom? \_\_\_\_\_

How did they respond? \_\_\_\_\_

Was your health or safety or that of a co-worker affected? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how? \_\_\_\_\_

\_\_\_\_\_

Was patient care or safety affected? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how (example)? \_\_\_\_\_

\_\_\_\_\_

Have you had problems with heavy workloads in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

Other UFCW members working at the same time that share concerns. Names and phone numbers are \_\_\_\_\_

\_\_\_\_\_

*Any additional comments can be made on the reverse side of this form.  
Should you have any questions or wish to speak to your union rep in person, call 786-5055.*