

APPENDIX B: WORKLOAD REVIEW FORM

WORKLOAD REVIEW FORM

This form is presented in accordance with Article 16:12 of the Collective Agreement between the University of Toronto and the Canadian Union of Public Employees, Local 3902.

To be completed by the employee:

Name _____

Department of Work _____

Based on my job description and my experience to date with the job, I believe I may be unable to perform the following duties specified in my job description within the hours specified, as outlined below (please be as specific as possible):

I therefore suggest the following amendments (please specify changes to duties and/or hours):

Signature _____ Date _____

To be completed by employee's supervisor

Name _____

Date Received _____

Response _____

Signature _____ Date _____