

**APPENDIX B: Workload Review Form**

**WORKLOAD REVIEW FORM**

This form is presented in accordance with Article 16:09 of the Collective Agreement between Victoria University 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 \_\_\_\_\_