

**APPENDIX C  
WORKLOAD REVIEW FORM**

This form is presented in accordance with Article 15.11 of the Collective Agreement between the University of St. Michael's College 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 \_\_\_\_\_