

A Vital Link in



Healthcare

CUPE Local 5111

1091 102 St, North Battleford, SK S9A 1E5
Ph. 306-445-6433, Toll Free 1-844-445-6433
Fax 306-446-2405

Workload Report Complaint Form

Date: _____ Name: _____ Contact #: _____

Facility: _____ Department: _____

Dept. Supervisor: _____ Shift/Hours NOT Replaced: _____

Ph. # _____

Did your employer/supervisor prioritize the work to make up for the shortage? Yes No

Comments _____

Comments/Suggestions/Impact:

(e.g duties that could not be completed, safety concerns, injuries, breaks missed etc.)

Upon completion of this form, please fax to CUPE 5111, or give it to a shop steward or CUPE Representative in your facility.