

**GOLDEN PLOUGH LODGE
WORKLOAD REVIEW FORM**

Employees to complete all sections.

Date/Time of the Occurrence: _____

Date Form was submitted to Employer: _____

Type of work being performed: _____

Number of Staff on duty: _____ Usual Number of Staff: _____

I/We the undersigned believe that I was/we were given an assignment that was excessive or inconsistent with quality resident care and/or created an unsafe working environment for the following reasons. (Provide brief description of problem/assignment below.)

To correct this problem, I/We recommend: _____

Name/Title of immediate Supervisor notified: _____

Date/Time of Notification: _____

Response: _____

Signature of Employee(s)

Print Name

I/We do not agree with the resolution of our concern:

