



NBCNHU WORKLOAD FORM



SECTION 1: GENERAL INFORMATION (Please Print)

Name(s) of Employee(s) Reporting: _____

Classification: _____

Department: _____

Local: _____

Date of Occurrence: _____ Time: _____

7.5 Hr. Shift

11.25 Hr. Shift

__ Hr. Shift

Day

Evening

Night

SECTION 2: DETAILS OF OCCURRENCE/WORKING CONDITIONS

Provide a brief summary of the occurrence (Please indicate in summary if this is due to lack of/ or from malfunctioning equipment, sick calls etc.) _____

Was this relayed or discussed with the employer and or resolved? _____

SECTION 3: RESOLUTION

What are your ideas on how to remedy this occurrence from continuing? (Education, training, review of staffing/patient ratio) _____

Please return Workload Form to a member of your Executive