



Workload Issue Assessment Intake Form

Instructions: This form is to be completed by any UUP member who believes that there is an issue related to their individual workload warranting review by a chapter officer and the assigned NYSUT Labor Relations Specialist. To ensure your issue is properly addressed, please complete the form, attach all required documentation, and send all your materials to a chapter officer and your NYSUT Labor Relations Specialist.

Please attach the following required documents:

1. **Any related appointment letters.**
2. **Your current performance program or academic expectations.**
3. **All previous performance programs or academic expectations.**
4. **Any related evaluations, performance reviews, or end of year reviews establishing whether the work performed is at a particular rank, SL grade, or specific campus title.**
5. **Evidence of a unilateral assignment of a substantial increase in workload (particularly when it has occurred within the preceding four months).**

Name: _____

Official Title: _____ Local Title (if different): _____

Hire Date: _____ Appointment Date for current position (if different): _____

Please provide detail as to how your workload has substantially increased in recent months:

When did this workload increase occur? _____

Did you ask for a decrease in other obligations? YES NO

Are you receiving Extra Service pay for this new work increase? YES NO

Are these new duties temporary or permanent? TEMPORARY PERMANENT

Have you already requested assistance from UUP in addressing this workload increase? YES NO

Did you volunteer to accept this increase in duties? YES NO

Were you directed by a supervisor to accept this increase in duties? YES NO

Please estimate what percentage your workload has increased because of this assignment: _____%

How many more hours are you now required to work because of this unilateral assignment? _____

Have you attempted to self-adjust your schedule to accommodate this assignment of duties? YES NO

FOR PROFESSIONALS ONLY:

Did you submit a request for promotion or salary increase under A-28 of the Agreement? YES NO

FORM SUBMISSION DATE: _____