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: _____