



## 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:

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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: \_\_\_\_\_