

**APPENDIX E**

**WORKLOAD REVIEW FORM**

This form is presented in accordance with **Articles 31 and 24.1.6 of the** Collective Agreement between the University of Ottawa and the Canadian Union of Public Employees, Local 2626.

To be completed by the employee:

Name \_\_\_\_\_

Department of Work \_\_\_\_\_

Based on my job description and my experience to date with the job or based on an approved leave of absence, I believe I may be unable to perform the following duties specified in my job description within the hours specified, as outlined below (please be as specific as possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I therefore suggest the following amendments (please specify changes to duties and/or hours):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by employee's supervisor**

Name \_\_\_\_\_ Date Received \_\_\_\_\_

Response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_