|  |
| --- |
| Incidences - are there any workplace incidences stemming from the cuts to staff? |
| Workload - has your workload increased outside of your job description?? |
| Conditions of work - Has the conditions of work put you in precarious safety situations? (Stress, physical harm, mental harm) |
| Treatment of staff - Have you felt treatment from supervisors unfair because of the following;  Increased work load, treatment from supervisors, unfair expectations, |
| Can you think of a solution to this problem? |

Please fill out this form and send it to the CUPE President in a sealed envelope, through   
interoffice mail. This should be done by the 15th of every month.

Submitted By (Optional): ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_