Secretary Workload Dispute Form Guide

- Please read the form carefully.
- Workload Dispute Forms may be duplicated as necessary.
- Fill in your name, file # and the school and district where the complaint occurs. If you work in more than one site, use one form for each site where there is a workload complaint.
- Please be specific regarding the nature of your complaint and the remedy sought.
- Indicate the appropriate date(s) and status of your complaint at each step of your complaint on the lower part of the form.

  For example: Indicate the date you submit the Workload Dispute Form to your Principal on the form:

  “To Principal ____________________.”

  (date)

- This form will follow your complaint through the various steps of the process.
- You must give a copy of this form to both your School Chapter Leader and your Functional Chapter Leader. Keep a copy for your records.
- If you need assistance completing the Workload Dispute Form consult with your Functional Chapter Leader, Mona Gonzalez, (212) 701-9429.

  Remember to fax a copy of the Dispute Form to Mona Gonzalez at (212) 388-9467.
Secretary Workload Dispute Form

Name: ___________________________  File #: _________________

School: ___________________________  District: ________________

I request a conference with you to discuss the following complaint.

Nature of complaint:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Remedy sought:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

______________________________, Chapter Leader, will accompany me to this conference.

Signature
_____________________________
Secretary Workload Dispute Form

To Principal  

(date)  

Principal Determination  

(date)  

Resolved ☐  Not resolved ☐

To Supt.  

(date)  

Supt.’s determination  ☐ attached 

(Date)  

Resolved ☐  Not resolved ☐

To Chancellor – appeal attached  

(date)  

Chancellor’s determination  ☐ attached 

(date)  

Resolved ☐  Not resolved ☐