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 Administrator on the form:

“To Administrator ________________.”

(date)

This form will follow your complaint through the various steps of the process.

Give this form to the school principal and the administrator who issued the workload directive that is the basis for your complaint.

You must give a copy of this form to your School Chapter Leader, your Functional Chapter Leader and update them at each step of the process. Keep a copy for your records.

CSE staff shall give a copy of this form to your Functional Chapter Leader, and Borough Leader. Keep a copy for your records.

If you need assistance completing the Workload Dispute Form consult with your Functional Chapter Leader, Raul D. Garcia, at (212) 598-7724. Remember to e-mail a copy of the Dispute Form to Raul D. Garcia at RGarcia@uft.org
School Psychologist/Social Worker 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 or designee will accompany me to this conference.
(Name)

Signature ___________________
---------------------------------------------------------------------------------------------------------------------

To Administrator ________________
(date)

Administrator Determination ________________
(date)

Resolved __     Not resolved __

To Superintendent ________________
(date)

Superintendent’s determination ________________
(date)

Resolved __     Not resolved __

Appeal to Chancellor ________________
(date)

Chancellor’s determination ________________
(date)

Resolved __     Not resolved __