

**THE CITY UNIVERSITY OF NEW YORK  
HEO - LABOR-MANAGEMENT COMMITTEE  
WORKLOAD CONCERNS FOR HIGHER EDUCATION SERIES EMPLOYEES FORM**

***WORKLOAD CONCERNS: HEO Series employees who have workload concerns should submit this form to the College Labor Designee. College Labor Designee will forward the form and any attached documents to the Chair of the Labor-Management Committee for appropriate action.***

**Employee Data**

College

Name  CUNYfirst Empl. ID #

Current Contract Title  Department

CUNYfirst Functional Title  Work Phone

**Request for Workload Review**

Documents submitted:

- Memorandum outlining workload concerns
- Job Description at time of appointment

List any other documents submitted:

Date of first appointment to a HEO Series Title

Date of appointment to current title

Date of submission

Signature \_\_\_\_\_

**For College Labor Designee only**

Date of submission to Labor-Management Committee

Name of College Labor Designee

Signature \_\_\_\_\_

**HEO LABOR-MANAGEMENT COMMITTEE - WORKLOAD CONCERNS**

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**Workload Review**

Date of Meeting

- Recommendation made to the President/President's designee
- Not recommended

Comments, if any

Name of Chair of the Labor Management Committee

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

***The Chair of the HEO-Labor Management Committee will provide the signed form to the College's Labor Designee and a copy of the form to the employee.***