

# Workforce Workload Management Kit

TAFE Queensland (TAFE Services Employees) Certified Agreement

DRAFT

The Workforce Workload Management Kit was developed in consultation with TAFE Queensland Human Resources, employees and. This is in line with commitments given in Part 23 (Workload Management) of the TAFE Queensland (TAFE Services Employees) Certified Agreement:

- (a) *TAFE Queensland is committed to working with its employees and the Union/s to address workload management issues. It is acknowledged that high workloads can in some circumstances lead to unsafe work practices, therefore TAFE Queensland will ensure safe work environments are not compromised, and that organisational responsibilities under legislation including duty of care to all employees are complied with.*

The Workforce Workload Management Kit provides a process for raising, investigating and resolving workload concerns, if needed, beyond the informal dialogue which should take place between an employee/s and their supervisor, or direct line manager in the first instance.

This kit,

- will assist with the development and implementation of strategies to improve immediate and long-term workload issues from a workplace, health and safety perspective.
- provides appropriate guidance to employees, stakeholders and accountability for those managing workload concerns and a commitment to providing feedback to the employee/s raising workload concerns.
- does not remove the obligation for a supervisor, or direct line manager to respond appropriately to any workload concern raised verbally or informally by an employee.

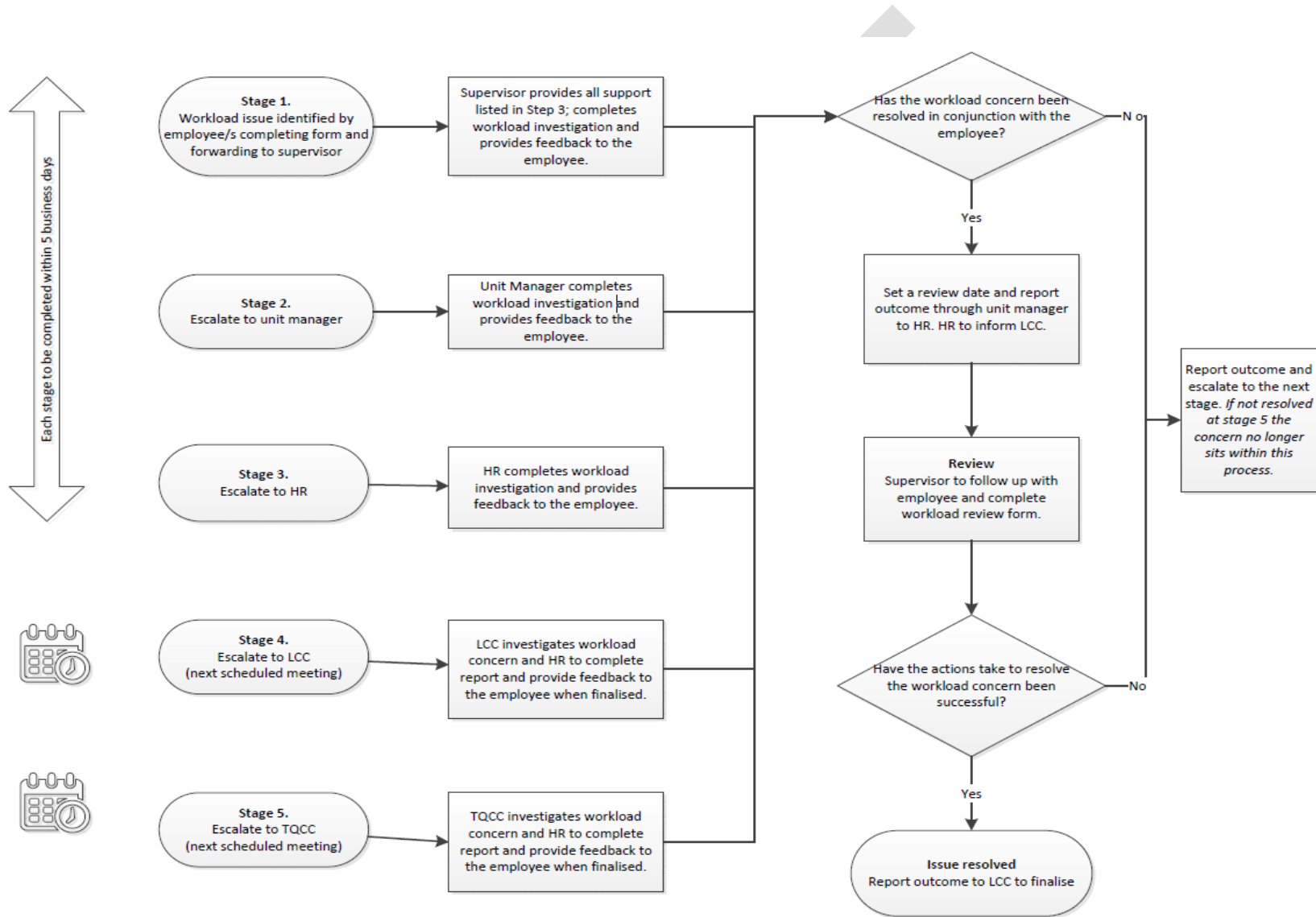
Emphasis has been placed on making documents within this kit user friendly, informative and ensuring workload issues are investigated and resolved.

**Note:** *This kit is not intended to override obligations provided for under relevant industrial instruments.*

The kit consists in sequential order the following:

- Workload Management Process Flowchart.
- Working Instructions for all stakeholders.
- Workload Concern Form (employee/s raising the concern).
- Workload Investigation Form – stage 1.
- Workload Feedback Form.
- Workload Review Form.
- Workload Investigation Form – stages 2-5.

# Workload Management Process Flowchart



# Working Instructions

Stage 1. Workload issue identified	
Action Required	Person responsible
1. Employee/s and supervisor/s are encouraged to resolve workload concerns verbally and informally in the first instance. <b>Note:</b> <i>The fact that an employee does not utilise this kit will not be used as a reason for a supervisor to not respond to a workload concern raised informally.</i>	Employee/s and their supervisor
2. Employee/s wishing to formally raise a workload concern completes the Workload Concern form and forwards to the Supervisor. The form must contain details of impact on individual and/or service delivery.	Employee/s raising workload concern
3. Supervisor must provide any reasonable assistance requested at Step 2, such as assistance in completing the form and explanation of the process and rights, e.g. <ul style="list-style-type: none"> <li>• Access to union representative and/or support person/s</li> <li>• Access to HR<sup>1</sup> support for advice should the person feel intimidated in submitting the concern</li> <li>• Access to relevant Employee Assistance Schemes</li> <li>• Response within time frames specified in attached flowchart unless otherwise agreed</li> <li>• Provide supporting data that may be required.</li> </ul>	Supervisor (assistance)
4. Investigate workload concern. <b>Complete within 7 days</b> You may consider using the following, but not limited to; service organisational chart, funded FTE, establishment management report, current vacancy report, past/present and/or future rosters, etc. (attach any relevant supporting data).	Supervisor
5. Complete workload investigation form.	Supervisor
6. Feedback to employee/s raising concern including supporting evidence.	Supervisor
7. Forward all documentation and report outcome through unit manager to HR <sup>1</sup> . HR <sup>1</sup> to inform LCC <sup>2</sup> .	Supervisor; Unit Manager & HR Members of LCC
<b>If issue not resolved continue to Stage 2; if resolved continue to Review.</b>	
Review	
Action Required – Complete four weeks from resolution	Person responsible
1. Supervisor to follow up with employee to ensure actions taken were successful.	Employee/s and their supervisor; Unit Manager & HR
2. Complete workload review form.	Members of LCC
3. Report outcome through unit manager to HR <sup>1</sup> to inform LCC <sup>2</sup> .	
<b>If issue not addressed/resolved continue to Step 2; if resolved continue to Review.</b>	

<sup>1</sup>Human Resources (HR). <sup>2</sup>Local Consultative Committee (LCC).

<b>Stage 2. Issue not resolved – Escalate to unit manager</b>	
<b>Action Required – within 5 business days</b>	<b>Person responsible</b>
1. Escalate Workload Concern form and supporting documents to unit manager.	Supervisor  Unit Manager
2. Further investigation required.	
3. Complete report including findings and recommendations.	
4. Feedback to employee/s raising concern including supporting evidence.	
5. Forward all documentation and report outcome through unit manager to HR <sup>1</sup> . HR <sup>1</sup> to inform LCC <sup>2</sup> .	
<b>If issue not resolved continue to Stage 3</b>	
<b>Stage 3. Issue not resolved – Escalate to HR<sup>1</sup>; if resolved continue to Review.</b>	
<b>Action Required – within 5 business days</b>	<b>Person responsible</b>
1. Escalate Workload Concern form and supporting documents to HR <sup>1</sup> .	Unit Manager  HR
2. Further investigation required.	
3. Complete report including findings and recommendations.	
4. Feedback to employee/s raising concern including supporting evidence.	
5. Documentation and report outcome to be managed by HR <sup>1</sup> . HR <sup>1</sup> to inform LCC <sup>2</sup> .	
<b>If issue not resolved continue to Stage 4; if resolved continue to Review.</b>	
<b>Stage 4. Issue not resolved – Escalate to LCC</b>	
<b>Action Required – next scheduled meeting</b>	<b>Person responsible</b>
6. Escalate Workload Concern form and supporting documents to LCC <sup>2</sup> .	Unit Manager  Members of LCC
7. Further investigation and consultation required.	
8. Complete report including findings and recommendations.	
9. Feedback to employee/s raising concern including supporting evidence.	
10. Documentation and report outcome to be managed by HR <sup>1</sup> . HR <sup>1</sup> to inform LCC <sup>2</sup> .	
<b>If issue not resolved continue to Stage 5; if resolved continue to Review.</b>	
<b>Stage 5. Issue not resolved – Escalate to TQCC<sup>3</sup></b>	
<b>Action Required – next scheduled meeting</b>	<b>Person responsible</b>
1. Escalate Workload Concern form and supporting documents to Consultative Forum (TQCC <sup>3</sup> ).	Members of HR  Members of TQCC  Members of LCC
2. Further investigation and consultation required.	
3. Feedback to employee/s raising concern including supporting evidence.	
4. Documentation and report outcome to be managed by HR <sup>1</sup> . HR <sup>1</sup> to inform LCC <sup>2</sup> .	
<b>If not resolved at stage 5 the concern no longer sits within this process. If resolved, continue to Review.</b>	

<sup>1</sup>Human Resources (HR). <sup>2</sup> Local Consultative Committee (LCC). <sup>3</sup> TAFE Queensland Consultative Committee (TQCC).

# Stage 1 - Workload Concern Form - *to be completed by employee/s*

**Note: Please answer all questions on this form.**

Name/s: \_\_\_\_\_

Team: \_\_\_\_\_ Location: \_\_\_\_\_

Position and classification level: \_\_\_\_\_

Employment Type:     Permanent    Temporary    Casual                      Status:  Part-time     Full-time

How long have you been working in this position? \_\_\_\_\_

**Is the workload concern:**

One off? <input type="checkbox"/> Yes <input type="checkbox"/> No Date/s when workload issue occurred: ___/___/___ to ___/___/___	Ongoing? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you raised this concern previously with your supervisor (Formally or informally)?  Yes    No

If yes, what actions were previously taken by you and your supervisor to rectify, resolve or address the issue? How successful were they?

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**Indicate below what you understand to be the cause / contributing factor of the workload issue:**

<input type="checkbox"/> Increase in customer / student activity	<input type="checkbox"/> Employee not replaced
<input type="checkbox"/> Increased volume of work	<input type="checkbox"/> System/ equipment failure / error
<input type="checkbox"/> Other staff on leave	<input type="checkbox"/> Change of work tasks, procedure or policy
<input type="checkbox"/> Involved in training of new staff	<input type="checkbox"/> Inadequate experience / training
<input type="checkbox"/> Other:	



**Please provide details on how you think this workload issue could be rectified:**

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**Action taken at time of incident:**

Did you report this issue to your supervisor at the time? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____	Did a physical and/or psychological injury occur because of the increased workload? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach copy of incident form)
Were all work tasks completed by the end of the shift? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you take your designated meal breaks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you ask for assistance from fellow workers? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other (outline action taken)

Employee signature: _____	____/____/____
Supervisor signature: _____	Date received ____/____/____
Did you remind the employee/s that support is available? eg: EAP, union, etc	<input type="checkbox"/> Yes <input type="checkbox"/> No
Step 1 investigation and feedback to be completed by (7 days):	____/____/____

**Note:**

- Please check all questions have been answered before submitting this form.
- All workload issues identified will be investigated and feedback provided.
- If additional time is required to investigate the concern, this should be noted and reason recorded.
- Ensure all parties are working together to resolve issues.







If considered ongoing, please provide details of your recommendations to resolve this matter:

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*If the recommendation/s are outside of your delegations, please forward all relevant information to your immediate line manager for escalation if applicable.*

Supervisor signature: _____	____/____/____
<b>Note:</b> <ul style="list-style-type: none"><li>- Please check all relevant sections have been completed before submitting this form.</li><li>- Have all workload issues been identified, investigated and feedback provided?</li><li>- Was additional time required to investigate the concern? If so this should be noted and reason recorded.</li><li>- Ensure <u>all</u> parties are working together to resolve issues.</li></ul>	

# Workload Feedback Form - *to be completed by supervisor in conjunction with*

*employee/s* **Note: Please answer all questions on this form. To be used in conjunction with Workload Investigation Form.**

Supervisor Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Team: \_\_\_\_\_ Location: \_\_\_\_\_

**Feedback for workload investigation stage:**  1  2  3  4  5

**Has employee been given a copy of the relative Workload Investigation Form & Report?**  Yes  No

**Additional Comments:**

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

**Has the supervisor discussed:**

- The outcome of the workload investigation:  Yes  No
- Actions taken:  Yes  No  n/a
- Further actions to be taken (including timeline):  Yes  No  n/a

Supervisor signature: _____	____/____/____
<input type="checkbox"/> I consider the matter to be <b>RESOLVED</b> (Review date: ____/____/____)	____/____/____
<input type="checkbox"/> I consider the matter to be <b>NOT RESOLVED</b> (Escalate)	
Employee signature: _____	
<p><b>Note:</b></p> <ul style="list-style-type: none"> <li>- Please check all questions have been answered before submitting this form.</li> <li>- All workload issues identified will be investigated and feedback provided.</li> <li>- If additional time is required to investigate the concern, this should be noted and reason recorded.</li> <li>- Ensure <u>all</u> parties are working together to resolve issues.</li> </ul>	

# Workload Review Form – Review to be completed four weeks after initial resolution by supervisor in conjunction with employee/s .

**Note: Please answer all questions on this form.**

Supervisor Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Team: \_\_\_\_\_ Location: \_\_\_\_\_

**Have all actions from the workload investigation been implemented?**     Yes     No

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

**Have the actions from the workload investigation been successful in resolving the workload concern?**

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

**Is there further action to be taken?**

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

Supervisor signature: _____	____/____/____
<input type="checkbox"/> I consider the matter to be <b>RESOLVED</b> (Finalise)	____/____/____
<input type="checkbox"/> I consider the matter to be <b>NOT RESOLVED</b> (Escalate)	
Employee signature: _____	
<b>Note:</b> <ul style="list-style-type: none"> <li>- Please check all questions have been answered before submitting this form.</li> <li>- All workload issues identified will be investigated and feedback provided.</li> <li>- If additional time is required to investigate the concern, this should be noted and reason recorded.</li> <li>- Ensure <u>all</u> parties are working together to resolve issues.</li> </ul>	

## Stage 2. Workload Investigation Form - Escalated to and to be completed by Unit

Manager

Copy to be given to employee/s who raised concern as part of feedback.

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Name: \_\_\_\_\_

Position and classification level: \_\_\_\_\_

Date when workload concern was received: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please attach a detailed report including:**

- The details and outcome of workload investigation;
- Actions taken;
- Further actions to be taken (including timeline).

Unit Manager signature: _____	____/____/____
<b>Note:</b> <ul style="list-style-type: none"><li>- Please check all relevant sections have been completed before submitting this form.</li><li>- Have all workload issues been identified, investigated and feedback provided?</li><li>- Was additional time required to investigate the concern? If so this should be noted and reason recorded.</li><li>- Ensure <u>all</u> parties are working together to resolve issues.</li></ul>	

### Stage 3. Workload Investigation Form – Escalated to and to be completed by HR

Copy to be given to employee/s who raised concern as part of feedback.

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Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date when workload concern was received: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please attach a detailed report including:**

- The details and outcome of workload investigation;
- Actions taken;
- Further actions to be taken (including timeline).

HR signature: _____	____/____/____
<b>Note:</b> <ul style="list-style-type: none"><li>- Please check all relevant sections have been completed before submitting this form.</li><li>- Have all workload issues been identified, investigated and feedback provided?</li><li>- Was additional time required to investigate the concern? If so this should be noted and reason recorded.</li><li>- Ensure <u>all</u> parties are working together to resolve issues.</li></ul>	

# Stage 4. Workload Investigation Form - *to be forwarded to and completed by LCC*

Copy to be given to employee/s who raised concern as part of feedback.

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Date LCC meeting: \_\_\_/\_\_\_/\_\_\_

**Please attach a detailed report including:**

- The details and outcome of workload investigation;
- Actions taken;
- Further actions to be taken (including timeline).

LCC representative name and signature:  TAFE Qld: _____  Union Rep: _____	____/____/____
<b>Note:</b> <ul style="list-style-type: none"><li>- Please check all relevant sections have been completed before submitting this form.</li><li>- Have all workload issues been identified, investigated and feedback provided?</li><li>- Was additional time required to investigate the concern? If so this should be noted and reason recorded.</li><li>- Ensure <u>all</u> parties are working together to resolve issues.</li></ul>	



## Stage 5. Workload Investigation Form - *to be forwarded to and completed by*

TQCC

**Copy to be given to employee/s who raised concern as part of feedback.**

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Date TQCC meeting: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Please attach a detailed report including:**

- The details and outcome of workload investigation;
- Actions taken;
- Further actions to be taken (including timeline).
- Please note if any further action is to be taken or the matter has remained unresolved.

TQCC representative name and signature:  TAFE QId: _____  Union Rep: _____	____/____/____
<b>Note:</b> <ul style="list-style-type: none"><li>- Please check all relevant sections have been completed before submitting this form.</li><li>- Have all workload issues been identified, investigated and feedback provided?</li><li>- Was additional time required to investigate the concern? If so this should be noted and reason recorded.</li><li>- Ensure <u>all</u> parties are working together to resolve issues.</li></ul>	