

# School Psychologist/Social Worker Workload Dispute Form

Name: \_\_\_\_\_ File # \_\_\_\_\_

School: \_\_\_\_\_ District: \_\_\_\_\_

Region: \_\_\_\_\_

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

Nature of complaint:

---

---

---

---

---

---

Remedy sought:

---

---

---

---

---

---

\_\_\_\_\_, Chapter Leader or Functional Borough Leader will accompany me to this conference.

Signature \_\_\_\_\_

-----  
To Administrator \_\_\_\_\_  
(date)

Administrator Determination \_\_\_\_\_  
(date)

Resolved Not resolved

To Superintendent \_\_\_\_\_  
(date)

Superintendent's determination attached \_\_\_\_\_  
(Date)

Resolved Not resolved

Appeal to Chancellor attached \_\_\_\_\_  
(date)

Chancellor's determination attached \_\_\_\_\_  
(date)

Resolved Not resolved