



New Workload Impact

Federal Way Education Association

1. School:
2. Contact person/people (should be an Association Rep):
3. Describe *new workload expectation:
(Be specific – workload impact chair should have all the necessary information from this form.)
(Also please remember – the bargaining provision in the contract applies to **new workload only.)*

4. Is this workload directive:
 - school-based
 - district-based
 - grade-level based
 - position-based (eg. AIMS, MAF, Psych, Nurse,...)

5. What is the time impact?:
(Be sure to indicate in terms of number of minutes/hours per week/day/year.)

6. Who presented the **new** workload expectation?:

7. Who is impacted by the **new** workload expectation?:

Please send this completed form to the Association office through the District courier. You can also mail this form to Federal Way Education Association, 32020 – 1st Ave S, #105, Federal Way, WA 98003.