



ASSIGNMENT DESPITE OBJECTION

AFSCME*Council 5*Local 1164



Section 1:

I/We _____

Contact Person _____ Unit _____

Nursing/Non-Clinical/Support Staff at _____ on Unit _____ Shift _____

hereby protest my/our assignment as _____

made to me/us by Name _____ Date/Time _____

As a patient advocate, in accordance to all Health Safety and Osha Act's, this is to confirm that I/we notified you that in my/our professional judgment, today's assignment is unsafe and places my/our patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I/We will, under protest, attempt to carry out the assignments to the best of my/our ability.

Section 2:

I'm/we're objection to the aforementioned assignment on the grounds that: **Please check what applies**

- I/We was/were not trained or experienced in area assigned.
- I/We was/were not given adequate staff for acuity (short Staffed).
- The unit was staffed with excessive registry.
- The unit was staffed with unqualified personnel.
- New patients were transferred/admitted to unit without adequate staff.
- I/We was/were given an assignment which posed potential threat to the health and safety of my/ourselves and or patient's.
- I/we was/were involuntarily forced to work beyond my scheduled hours.
- Other (please specify)



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Section 3:

Census _____ Unit capacity _____

Acuity ___ High _____ Average _____ Low _____

Patient Classification I ___ II _____ III _____ IV _____

Section IV:

Patient Care Staffing Count: Clerk? _____ Yes _____ No _____

	Regular	Float	Registry
RN			
LPN			
Aide			
Other			

Section V:

Brief Problem Statement:

Section VI:

Action taken: _____

Notified Supervisor: Name/Title _____ Date/Time _____

Other Person's Notified: Name/Tile _____ Date/Time _____

Other Person's Reponse _____



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Instructions

The purpose of this form is to notify hospital supervision that you have been given an assignment which you believe is potential unsafe for your patients or self. This form will document the situation. We will use these forms to facilitate resolutions of the problems. **Give your supervisor a copy and send a copy to one of you Executive Board Member or contact the steward line at 612-273-6705. Please print or type if one or more members need to complete this form.**

Section I: You must via email protest your assignment to your supervisor before you complete this form. Please do not forget to complete name/time of person making the assignment.

Section II: Check all appropriate boxes.

Section III: Complete to the best of your knowledge. Census is at the time of your objection. Acuity-check box you think is appropriate. We want your assessment.

Section IV: Complete to the best of your knowledge.

Section V: Complete this section if you think the situation cannot be explained in Sections II and III, or if you think additional information is relevant.

Section VI: You must notify your supervisor or the person in charge (not a charge nurse). Please complete both name and title of the supervisor. Please complete the section labeled supervisor's response. Please complete the Section: Other Person Notified) if you notified the Staffing Office, a doctor or any other persons.