

## ASSIGNMENT PROTEST DOCUMENTATION OF PRACTICE SITUATION

TO:	(Supervisor)	DATE:	DATE:		
FROM:	(RN Name)		(RN Name)		
	(RN Name))	(Unit)	(Shift)		
clients. There assignment is situations like	rs of this state, as a registered profession, this is to confirm that I notified unsafe and places my clients at risk. It this, but I decline to accept any legal research.	ed you that, in my profession will continue to provide the	onal judgment, today's best work possible in		
	afe staffing by the hospital.  otest, attempt to carry out the assignmen	t to the best of my professiona	•		

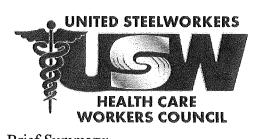
• Supervisor/Authorized decision making personnel

• Director of Nursing

Make 4 copies and distribute to the following immediately.

- Chief Steward/Authorized Union Representative (Mail or Fax 732-246-3775 a copy to)
   Address: USW Local 4-200, PO Box 7399, North Brunswick, NJ 08902
- Nurse initiating protest form

Write clearly and include your contact information on the copy to the union office. On a separate sheet, write a brief summary of the situation to include the number of RNs/LPNs, UC, CCT/PCT, the number and acuity of patients.



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Brief Summary.						
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How the Problem can	be avoided:					
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Assignment: Nurses' (	on duty & Numbe	r of patients				