UNITED STEELWORKERS

USW

HEALTH CARE WORKERS COUNCIL

ASSIGNMENT PROTEST DOCUMENTATION OF PRACTICE SITUATION

TO: _____   DATE: _____

_____   _____
(Supervisor)   *(Title)*

FROM: _____   _____
(RN Name)   *(RN Name)*

_____   _____   _____
(RN Name))   *(Unit)*   *(Shift)*

Under the laws of this state, as a registered professional nurse, I am responsible and accountable to my clients. Therefore, this is to confirm that I notified you that, in my professional judgment, today's assignment is unsafe and places my clients at risk. I will continue to provide the best work possible in situations like this, but I decline to accept any legal responsibility for any untoward events that may occur as a result of unsafe staffing by the hospital.

I will under protest, attempt to carry out the assignment to the best of my professional ability.

_____
(Signature)

Make 4 copies and distribute to the following immediately.

- Supervisor/Authorized decision making personnel
- Director of Nursing
- 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.

ASSIGNMENT PROTEST
DOCUMENTATION OF PRACTICE
SITUATION

Brief Summary:

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How the Problem can be avoided:

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Assignment: Nurses' on duty & Number of patients

_____   _____
_____   _____
_____   _____
_____   _____
_____   _____