



INADEQUATE / UNSAFE STAFFING NOTICE

TO: _____

DATE: _____

SHIFT: _____

I am hereby informing you that, in my professional judgment, I am unable to assure the delivery of safe and/or adequate health care on the _____ shift in the _____ Department with the current staffing levels assigned. The following conditions have raised the patient care needs to levels above the ability of the currently allotted staff to provide:

I have requested additional staff from my Supervisor, _____, but was told none were available for assignment.

I will, however, remain in my position in order not to further compromise or jeopardize patient care or safety.

Signature

- Keep one copy
- One copy to Shop Steward
- One copy to Supervisor
- One copy to UFCW 3000 Representative