



Assignment Despite Objection

Instructions:

- Give a verbal protest about your assignment to your supervisor at the time you believe it is unsafe, typically at the beginning of the shift.
- Remain professional and courteous while interacting with your supervisor.
- If your supervisor does not adjust your assignment satisfactorily, complete this form as soon possible without interrupting patient care or your work.
- You can complete this form online whenever possible, such as when you complete your shift and have access to your cellphone. The weblink is www.seiu1000.org/MOTtools Make sure you have your supervisor's email so he/she will receive a copy.
- For paper forms , keep a copy and give a copy to your supervisor or manager. Fax or mail another copy to Bargaining Services, SEIU Local 1000, 1808 14th St., Sacramento, Ca. 95811 or fax number, (916) 554-1349.

IMPORTANT: Protect the confidentiality of your patients. Do not use their names or anything else that might identify them on this form.

Your name: _____

Date: _____ **Time of assignment and shift:** _____

Classification : _____ **Work phone:** _____

Facility and Unit: _____

Supervisor's or manager's work email: _____

To supervisor or manager:

As a patient advocate, in accordance with the California Nurse Practice Act and/or Vocational Nursing Practice Act, this is a written record of notification to you that today's assignment is unsafe and places my patient(s) at risk. As a result, the State is responsible for any adverse effects on patient care. Under protest, I will attempt to carry out the assignment to the best of my ability. In my professional opinion, this assignment is unsafe because **(Check all that apply)**:

<input type="checkbox"/>	Involuntarily required to work beyond my scheduled hours (mandatory overtime) *
<input type="checkbox"/>	Not oriented to unit
<input type="checkbox"/>	Not trained or experienced in area assigned
<input type="checkbox"/>	Not given adequate staff for acuity
<input type="checkbox"/>	Patient should be in a critical care or other appropriate unit
<input type="checkbox"/>	Unit staffed with untrained and/or unqualified personnel
<input type="checkbox"/>	Insufficient licensed personnel
<input type="checkbox"/>	Insufficient support staff
<input type="checkbox"/>	Given an assignment that posed a serious threat to my health or safety
<input type="checkbox"/>	Other

Working conditions	YES	NO
Missed meal period	<input type="checkbox"/>	<input type="checkbox"/>
Missed break period	<input type="checkbox"/>	<input type="checkbox"/>
Overtime worked	<input type="checkbox"/>	<input type="checkbox"/>

Describe briefly how assignment is unsafe:

**Please complete the mandatory overtime form available here: www.seiu1000.org/MOTtools
The information you provide is important to help reduce/stop mandatory overtime.*

Unit staffing count on date of objection				
	Regular	Float/PIE	Registry	Total staff
RNs				
LVNs				
CNAs				
MAs				
PsychTechs				
Other				

Unit capacity _____ Census _____ Acuity: High Average Low