



# SHORT STAFFING/ ASSIGNMENT DESPITE OBJECTION

JNESO - District Council 1, IUOE-AFL-CIO

**ACUTE CARE/LONG TERM CARE FACILITY**

I/WE \_\_\_\_\_ JOB TITLE(S): \_\_\_\_\_ UNIT/DEPT: \_\_\_\_\_

FACILITY: \_\_\_\_\_ SHIFT: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

SUPERVISOR YOU REPORTED TO: \_\_\_\_\_

SUPERVISOR RESPONSE: \_\_\_\_\_

**REASON for ADO:**

- Inadequate staff for acuity of patients, including support staff.
- Staff involuntarily forced to work beyond scheduled hours\*
- Unable to assign/delegate as staff not trained for area
- Other \_\_\_\_\_

PATIENT CENSUS: Start \_\_\_\_\_ End \_\_\_\_\_ Unit capacity \_\_\_\_\_ # Admissions \_\_\_\_\_ # Discharges \_\_\_\_\_

ACUITY LEVELS: High \_\_\_\_\_ Average \_\_\_\_\_ Low \_\_\_\_\_ # Codes/RRT \_\_\_\_\_ # 1:1 \_\_\_\_\_

**STAFFING:**

	RN	LPN	AIDE	CLERK/SECRETARY	OTHER PROFESSIONAL/TECHNICAL
Start of Shift					
End of Shift					

STATEMENT OF PROBLEM: \_\_\_\_\_

**I/We Called:**

- NEW JERSEY DEPARTMENT OF HEALTH  
SHORT STAFFING COMPLAINT HOTLINE  
(800) 792-9770
- PENNSYLVANIA DEPARTMENT OF HEALTH (800) 254-5164  
(Does not Accept Anonymous Calls)

MANDATORY OVERTIME COMPLAINT FORM FILED

Date and Time: \_\_\_\_\_ Who did you speak to? \_\_\_\_\_ What was their response? \_\_\_\_\_

*\*For Mandatory Overtime issues see your Steward or JNESO website for a N.J. or PA Department of Labor Mandatory Overtime Complaint Form And/or Grievance filing*

***This assignment poses a serious threat to the health and safety of staff and patients***  
**LIABILITY FOR THIS ASSIGNMENT IS PASSED TO ADMINISTRATION**

As a patient advocate, in accordance with the Nurse Practice Act, this is to confirm that I notified you that in my professional judgment, this assignment is unsafe and places the patients and staff at risk. I indicate my acceptance of this assignment under protest. It is not my intention to refuse to accept the assignment or disobey an order I have been given. I acknowledge my obligations to the patients. However, **I hereby give notice to my employer of the above facts and indicate that for reasons listed, full responsibility for the consequences of this assignment rests with the employer.** Copies of this form may be provided to any and all appropriate State and Federal agencies.

JNESO MEMBERS PRINT NAME(S) \_\_\_\_\_

WHITE: UNION/Steward

YELLOW: MEMBER

PINK: MANAGEMENT