



NYS Public Employees Federation

Protest of Assignment Form

The purpose of this form is to notify the administration that in your professional opinion this assignment is unsafe. When you have been given an assignment that you believe is unsafe, you should immediately verbally notify your supervisor of the protest, then complete this form, (during a break, or after your shift) but without interrupting your work or interfering with patient care. Please check which job title best suites your position: __ Registered nurses and related professionals, or, __ Other.

Name of Supervisor Notified _____

Date _____ Time Reported ____:____ AM ____:____ PM

Hospital/Facility _____ Unit Name _____

Agency _____

Patient population in facility/census _____ Caseload Size/patient assignment _____

I am concerned this assignment is unsafe because (check appropriate items):

- | | |
|--|--|
| <input type="checkbox"/> Assignment poses threat to health/safety of staff &/ or patients | <input type="checkbox"/> Inadequate number of qualified staff for patient/caseload |
| <input type="checkbox"/> Don't have resources I need such as supplies, equipment, or medications | <input type="checkbox"/> Volume of admissions and discharges |
| <input type="checkbox"/> Not adequately trained for this assignment | <input type="checkbox"/> Patient acuity higher than usual |
| <input type="checkbox"/> Case load is too high and impedes safe care | <input type="checkbox"/> Inadequate time for documentation |
| | <input type="checkbox"/> Other _____ |

Staffing numbers (write numbers in boxes):

Matrix of Staff	Expected safe RN staffing	This shift RN staffing	LPNs	(Ancillary) Nurses Aides	Secretarial/ Clerical Staff	Other
PEF Member						
Agency						
Traveler						
Float						

Please provide a brief description in order to protect patient/client confidentially, **DO NOT** use patient names(s) or identify patient(s) in any way: _____

In accordance with the Nurse Practice Act, this form confirms that I notified you that, in my professional judgment, this assignment is unsafe and places the patient at risk. Because I may be subject to discipline by the employer for refusal to accept this assignment, I indicate my acceptance under protest and will carry out this assignment to the best of my ability. Responsibility for the consequences of this assignment must rest with the employer. I request that the administration take appropriate corrective action to ensure that no nurse or patient be placed in this situation in the future.

Name and Civil Service Title of the PEF member completing form (Please print)

First Name*: _____ Last Name*: _____ Non-Work Email*: _____

Title*: _____

Keep a file copy and give a copy to your:

1. Immediate supervisor
2. Local PEF Council Leader and Field Representative/ or Regional office
3. Email to: POA@pef.org
Mail to: NYS Public Employees Federation
Field Services/Organizing
PO Box 12414, 1168-70 Troy-Schenectady Road, Albany, NY 12212-2414
Fax to: 518-785-1814 • Questions? 1-800-342-4306 x809

PEF may distribute copies of this form to any and all appropriate state and federal agencies and private accreditation entities. **Nurses should not distribute this form to these entities or any other third party. More forms are available at http://www.pef.org/pef_files/docs/forms/poaform.pdf, your PEF Regional Office, or the Nurse Coordinator.**