



# NYS PUBLIC EMPLOYEES FEDERATION PROTEST of ASSIGNMENT FORM



The purpose of this form is to notify 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 Date Supervisor Responded \_\_\_\_\_ Time \_\_\_\_: \_\_\_\_

Hospital/Facility \_\_\_\_\_ Unit \_\_\_\_\_

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 for today** (write numbers in boxes):

	BUDGETED STAFF	CURRENT	FLOAT	AGENCY
RN	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
LPN	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Ancillary/Direct Care	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Other (Title/#)	<input style="width: 100%; height: 20px;" type="text"/>			

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 PEF member completing form (Please print): \_\_\_\_\_

**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 • Phone to: 1-800-342-4306 x809

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