



Service Employees International Union Local 1021

ASSIGNMENT DESPITE OBJECTION

You must first verbally protest your assignment to your supervisor at the time you believe it is suboptimal or unsafe. This is usually at the beginning of the shift, but may occur at any time. If your supervisor does not make a satisfactory adjustment to the assignment, complete this form to the best of your knowledge and distribute the ADO copies according to the instructions at the bottom.

I/We _____

Work Phone _____ Home Phone _____

Registered Nurses employed at _____

Hereby protest my/our assignments as _____
(Charge Nurse, Staff Nurse, Team Leader, etc.)

Made to me/us by _____ despite my objection
(Supervisor in charge, name and title) (Date and Time)

As a patient advocate, in accordance with the California Nurse Practice Act, this is to confirm that I/we notify you that in my/our professional judgment, today's assignment is unsafe and places my/our patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I/We request immediate remedial action by management; I/We disclaim liability for any acts or omissions that may result from my/our acceptance of this assignment. I/We will, under protest, attempt to carry out the assignment to the best of my/our ability.

In my/our professional opinion, this assignment is unsafe because of (check appropriate items):

- ☐ Lack of training, orientation, or experience in the area assigned
- ☐ In my professional opinion, less staff has been provided than is normal or safe for patient care.
- ☐ Patient should be in a critical care unit with appropriate critical care staffing.
- ☐ New patients were admitted or transferred to unit without additional staff
- ☐ Involuntarily forced to work beyond my/our scheduled hours.
- ☐ Equipment, supplies inadequate for patient care.
- ☐ Violation of Title 22,
- ☐ Other _____

Working Conditions: ☐ Meal period missed. ☐ Break missed. ☐ Other _____

Patient Care Staffing Count: Census _____ Unit Capacity _____ **Acuity** ☐ High ☐ Average ☐ Low **Clerk** ☐ Yes ☐ No

	Regular	Float	Per Diem	Registry
RN				
LVN/LPT				
Orderly/Aid				
Other:				

When life and/or safety of a patient is impacted, call: ☐ California State Department of Health Services (800) 228-1019
☐ Board of Registered Nursing (800) 828-6828 ☐ Cal OSHA (510-622-2916)

Brief Problem Statement

Signed by _____

Complete this form as soon as possible upon receiving objectionable assignment but without interrupting your work or the care of patients. Make three (3) copies for distribution to:

- (1) Your supervisor;
- (2) Send a copy to SEIU Local 1021 by email at ahs.ado.forms@seiu1021.org, or by mail at: 100 Oak Street, Oakland, CA 94607;
- (3) Keep a copy for your records

TO GUARANTEE CONFIDENTIALITY DO NOT IDENTIFY PATIENTS

