

**HPAE LOCAL 5004  
FLOATING REPORT FORM\***

\*Please fill out all sections of the form for every time you floated on the date and shift.

NOTE: Dean 7 RN's, please use for floating between telemetry side and step down side.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Unit: \_\_\_\_\_ Shift: \_\_\_\_\_  
 Multiple floating       Mid-shift Floating       Float to cover breaks/meals

**Information Regarding Unit Floated From:**

Unit Scheduled: \_\_\_\_\_ Shift Scheduled: \_\_\_\_\_  
Census at Start of Shift: \_\_\_\_\_ Census at time of floating: \_\_\_\_\_ Census at end of Shift: \_\_\_\_\_  
# RN's at Start of Shift: \_\_\_\_\_ # RNs at time of floating: \_\_\_\_\_ # RNs at end of Shift: \_\_\_\_\_  
When notified of need to float: \_\_\_\_\_ Actual time floated: \_\_\_\_\_ Acuity Index \_\_\_\_\_  
Reason given for need to float: \_\_\_\_\_  
Ask your supervisor what efforts were made to avoid the need to float: \_\_\_\_\_  
Check all that apply:  per diem usage     extra time     overtime     cap unit census  
Additional data: \_\_\_\_\_

**Information Regarding Unit Floated to:**

Unit floated to: \_\_\_\_\_ Time worked on unit: \_\_\_\_\_  
Census at Start of Shift: \_\_\_\_\_ Census at time of floating: \_\_\_\_\_ Census at end of Shift: \_\_\_\_\_  
# RN's at Start of Shift: \_\_\_\_\_ # RNs at time of floating: \_\_\_\_\_ # RNs at end of Shift: \_\_\_\_\_  
When notified of need to float: \_\_\_\_\_ Actual time floated: \_\_\_\_\_ Acuity Index \_\_\_\_\_  
Reason given for need to float: \_\_\_\_\_  
Ask your supervisor what efforts were made to avoid the need to float: \_\_\_\_\_  
Check all that apply:  per diem usage     extra time     overtime     cap unit census  
Additional data: \_\_\_\_\_

**Information Regarding Unit Floated to (if double floated):**

Unit floated to: \_\_\_\_\_ Time worked on unit: \_\_\_\_\_  
Census at Start of Shift: \_\_\_\_\_ Census at time of floating: \_\_\_\_\_ Census at end of Shift: \_\_\_\_\_  
# RN's at Start of Shift: \_\_\_\_\_ # RNs at time of floating: \_\_\_\_\_ # RNs at end of Shift: \_\_\_\_\_  
When notified of need to float: \_\_\_\_\_ Actual time floated: \_\_\_\_\_ Acuity Index \_\_\_\_\_  
Reason given for need to float: \_\_\_\_\_  
Ask your supervisor what efforts were made to avoid the need to float: \_\_\_\_\_  
Check all that apply:  per diem usage     extra time     overtime     cap unit census  
Additional data: \_\_\_\_\_

**When complete, please return to the locked Union Mailbox in the Nursing Office.**