

ASSIGNMENT DESPITE OBJECTION

As a patient advocate, this form confirms my notification to you that, in my professional judgment, today's assignment is potentially unsafe. Despite my expressed concerns for patient care/satisfaction, I will under protest, carry out the assignment to the best of my ability. Management is responsible for staffing with appropriate mix of skill sets, and therefore shares in any consequences of their staffing decision.

I _____ (INSERT JOB TITLE: _____), protest my assignment on (date) _____, (shift) _____, (unit) _____ based on grounds of:

OBJECTIONS TO THIS ASSIGNMENT (CHECK ALL THAT APPLY)

- No experience within the last year in area of assignment
- Inappropriate assignment for skill level/specialty
- Equipment unfamiliar/inadequate/broken
- Medications/drip unfamiliar/missing
- Mandatory Overtime
- Inadequate staffing
- High acuity
- Floating outside district
- Other: _____

Comments *(Please be as detailed as possible):*

Date & Time Manager/Supervisor notified: _____

Supervisor's Response: _____

Other relevant personnel notified (name/title): _____