



HPAE

Putting care first

HPAE/AFT/AFL-CIO

LOCAL 5094 NOTICE OF INADEQUATE STAFFING

To _____, (Supervisor) Unit: _____

Shift: _____ Date: _____

I have hereby notified you at _____AM/PM that:

_____ **The staffing provided is not adequate due to:**

(Explain) _____

Please be aware that while I will do all that I can to ensure that my work is completed, I fear that my efforts and those of the staff will not be sufficient. Therefore, this is to inform you that I cannot take responsibility for any error or incident that may arise as a result of the excessive work load in this unit.

Signature:

Comments:

