



AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES
 AFGE LOCAL 1206, AFL-CIO
 Northern VA California VISN Network 21
 9719 Lincoln Village Drive Suite 502
 Sacramento, CA 95927
 Office (916) 701-5000 eFax (916) 405-3143

TITLE 38 ASSIGNMENT OBJECTION FORM

The purpose of this form is to notify local management that I have been given an assignment which I believe in my professional judgment is potentially unsafe for the patients and/or staff. This form will document the situation. I will attempt to carry out the assignment to the best of my professional ability.

NAME(S) _____ DATE & SHIFT: _____
 UNIT: _____ ASSIGNMENT: _____

Please complete when appropriate: NUMBER OF PATIENTS I WAS ASSIGNED: _____
 ACUITY OF PATIENTS I WAS ASSIGNED (check one) _____ HIGH _____ AVERAGE _____ LOW
 MY OBJECTION IS BASED ON THE FOLLOWING: Please check appropriate reason(s)

- Not trained or experienced in area assigned
- Not given adequate staff for acuity levels, patients one to one
- Not given staffing levels to meet needs staffed with unqualified personnel
- Not oriented to the unit
- Not provided with unit clerk
- Transferred/admitted new patient to unit without adequate staff
- Staffed with excess relief/agency personnel
- Not provided with appropriate ancillary support

Was life and/or safety adversely or potentially impacted? Yes No
 Break Missed? Yes No

Working conditions:
 Meal period missed? Yes No
 Overtime incurred? Yes No

Beginning census _____
 Unit capacity _____
 # of admissions _____
 End of shift census _____

BRIEF DESCRIPTION: (provide names/time/date/witness if available)

In order to obtain additional staffing or assistance the following were contacted:

Nurse Manager _____ Date & Time: _____
 Nurse Officer of the day or equivalent _____ Date & Time _____
 Nurse Executive _____ Date & Time _____

This form belongs to AFGE Local 1206, please return to any local officer promptly. Copies will be forwarded to the appropriate Management Officials.