**PROTEST OF ASSIGNMENT**

Facility code [ ] [ ] [ ]  Facility name ____________________________

Date [ ] [ ] [ ] / [ ] [ ] [ ] [ ]

Code of nursing unit [ ] [ ] Name of nursing unit ____________________________

Name of individual submitting report ____________________________

First ____________ Last ____________

Time Management notified [ ] [ ] [ ] : [ ] [ ] AM / [ ] [ ] PM

Manager’s Name ____________________________

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**What type of nursing unit is this? (shade the type that best applies)**

- CCU/ICU/NICU
- Med/Surg
- ER
- Maternity/GYN
- Peds/NICU/PICU
- Psychiatry
- Ambulatory Surgery
- Other

**What was your staffing like today?**

*Regular is sum of FT/PT/PD

<table>
<thead>
<tr>
<th>Staffing</th>
<th>Normal or Core staff</th>
<th>Regular* Float</th>
<th>Agency</th>
<th>What you needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>[ ] [ ]</td>
<td>[ ] [ ] [ ]</td>
<td>[ ] [ ]</td>
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<tr>
<td>LPN</td>
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<tr>
<td>Ancillary</td>
<td>[ ] [ ]</td>
<td>[ ] [ ] [ ]</td>
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<td>[ ] [ ]</td>
</tr>
</tbody>
</table>

- Bed Capacity [ ] [ ]
- Census [ ] [ ]

**For what reasons are you protesting this assignment? (shade all that apply)**

- patient acuity higher than usual
- inadequate number of qualified staff
- volume of admissions and discharges
- not adequately trained for this situation
- don't have resources I need such as supplies, equipment, or medications
- case load too high and impedes safe care
- inadequate time for documentation
- mandatory Overtime
- Other

**Additional Comments**

*Print in Block letters!*

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*Under the laws of this state, as a registered professional nurse, I am responsible and accountable to my clients. Therefore, this is to confirm that I notified you that, in my professional judgement, today’s assignment is unsafe and places my clients at risk. As a result, the Hospital/Agency and you share responsibility for any adverse effects on patient care.*

I will, under protest, attempt to carry out the assignment to the best of my professional ability.

Signature ____________________________ Date [ ] [ ] [ ] / [ ] [ ] [ ]

**Management Comments**

Management ____________________________

Signature ____________________________ Date [ ] [ ] [ ] / [ ] [ ] [ ]

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*Time management responded [ ] [ ] : [ ] [ ] AM / [ ] [ ] PM*