



LOCAL 5118 ASSIGNMENT DESPITE OBJECTION FORM

Date: _____ **Unit:** _____ **Shift:** _____

Name: _____ **Phone:** _____

CONTACT EMAIL: _____ *email must be included for
Union follow up to members. NO COOPER EMAIL PLEASE.

Clinical Manager/Supervisor: _____ was notified that, in my/our professional opinion the assignment was inadequate to meet the needs of my/our patients and placed both patients and staff at risk.

Please be advised that, in spite of the assignment, I/we attempted to carry out my/our responsibilities and provide the highest quality patient care to the best of my/our ability.

Signature:

Describe Situation:

Census #: _____ RN #: _____ Nursing Assistants #: _____ Unit secretary: Yes _____ No _____
Capacity Alert: Yes _____ No _____

ATTACH COPY OF ASSIGNMENT SHEET

Please Place Original in a Union Mailbox & make a copy for yourself.

**Census #: _____ RN #: _____ Nursing Assistants #: _____ Unit secretary:
Yes _____ No _____**

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PLEASE PLACE ORIGINAL IN A Union Mailbox – make a copy for yourself