



Federation of Nurses/UFT

MANDATORY OVERTIME

STAFFING INCIDENT REPORT

TO: _____, Supervisor UNIT: _____

FROM: _____, RN SHIFT: _____ DATE: _____

I have notified you at the start of this shift that the staffing provided is not adequate to meet the nursing care needs of the patients on this unit at this time. You have failed to provide proper staffing.

Please be aware that while I do all that I can to ensure safe and proper nursing care for my patients, I fear that my efforts and those of the staff will not be sufficient.

Therefore, I am informing you that I cannot take responsibility for any error or incidents that take place as a result of the unsafe conditions the Hospital has created.

PLEASE PRINT YOUR NAME

SIGNATURES

Please submit the original to your supervisor. Make at least one copy for yourself and send a copy to: **Anne Goldman, Federation of Nurses/UFT/, 52 Broadway, New York, NY 10004.**

Comments _____

Copy To Union

Copy to Employer

Copy for yourself