

UNITED
FEDERATION OF
TEACHERS

FEDERATION OF NURSES – FNHP-AFL-CIO
SCHOOL NURSES CHAPTER
52 BROADWAY
NEW YORK, NEW YORK 10004
TEL: 212-598-7706



UNSAFE STAFFING NOTIFICATION

Date: ____/____/____

Nursing Supervisor: _____ Supervisor's Number: _____

From: _____ RN School Site: _____
(Please Print)

School Number: _____

(Address)

On ____/____/____, I notified your office that the staffing at this school was no longer adequate to meet the needs of the students.

Although a staffing evaluation was done and additional staffing was denied, I still believe that the health and safety of the students is being compromised.

Please be aware that while I will do all that I can to ensure safe and proper nursing care of my students, I fear that my/our efforts will not be sufficient.

Therefore, I am informing you that I/we can not take responsibility for any error or incident that takes place as a result of the unsafe conditions the Department of Education has created.

Signature: _____
(School Nurse)

C: Principal
RND (Regional Nurse Director)