

**UNITED  
FEDERATION OF  
TEACHERS**

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



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**ADDITIONAL STAFFING REQUEST**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Nurse Supervisor: \_\_\_\_\_ Supervisor's Number: \_\_\_\_\_

From: \_\_\_\_\_ RN School Site: \_\_\_\_\_  
(Please Print)

School Number: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

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Due to the increased case load, I am requesting an evaluation for an additional staff nurse position at \_\_\_\_\_  
{School Site}. I feel the staffing provided is no longer adequate to meet the nursing care needs of the students. In the meantime, please assign additional staffing until an evaluation is completed.

I have included my current case load for your review.

Signature:

\_\_\_\_\_  
School Nurse

# Of Students in the school \_\_\_\_\_  
# Of IEP and/or 504 students requiring nursing services \_\_\_\_\_  
Daily Meds / Treatment \_\_\_\_\_  
Daily Walk-ins {log book} \_\_\_\_\_  
Do you have a NURSE /PHA {Public Health Advisor/ Asst.} at your site? \_\_\_\_\_  
How many days/ week are they with you? \_\_\_\_\_

C: Principal  
RND {Regional Nurse Director}  
UFT OFFICE FAX {212/ 510-6341}