

UNITED
FEDERATION OF
TEACHERS

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



FLOATING COVERAGE

Date: ____/____/____

Nursing Supervisor: _____ Supervisor's Number: _____

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

School Phone: _____ Address: _____

On ____/____/____ at _____ a.m. I was told to leave my site and cover another school.

This is the _____ time this year I was used as a coverage nurse. As a result, my site did not have adequate staffing to meet the needs of the students. I feel this created an unsafe staffing situation.

Therefore, I am informing you that I can not take responsibility for any error or incident that takes place at the school I am permanently assigned to.

Signature: _____
(School Nurse)

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