



Objection to Assignment

The undersigned NUHW member/s object to the assignment and have accepted it only because I/we have been instructed to do so, despite our objections.

Name (print)	Job Title	Signature	Cell Phone Number

Department or Unit where Assignment occurred _____

Assignment Date: _____

Reasons for Objection to Assignment (check all that apply):

- Assignment poses risk to health and safety of staff, coworkers, and patients (e.g. inadequate PPE)
- Assignment could be done remotely, management not allowing
- Understaffing
- Unsafe healthcare worker-to-patient ratio
- Not oriented to unit
- Did not receive adequate training

Other:

What occurred that compromised patient care or had the potential to compromise patient care?

What occurred that compromised employee safety or had the potential to compromise employee safety?

Supervisor Notified of Conditions _____ Time Supervisor Notified _____

Was a Physician notified of conditions or problem? _____

Name of Facility _____ City/State _____

Please give original to Supervisor and send a copy/photo to your NUHW Organizer by email or text