

Section 3: Contributing Factors

Please select the relevant factors and provide details

<input type="checkbox"/>	Staffing Shortages:
<input type="checkbox"/>	Resident /Work Preparation Concerns:
<input type="checkbox"/>	Resident /Work Volume:
<input type="checkbox"/>	Other:

Section 4: Immediate Supervisor Notification

Name/Title of Immediate Supervisor Notified by RPN/RN:

Date/Time RPN Notified Immediate Supervisor:

Response Received from Immediate Supervisor:

Signature of Employee & Printed Name:

Signature

Printed Name:

A summary of workload concerns may be tabled as an agenda item at the next scheduled Labour Management Meeting.

