

# Staffing Committee Form

For CWA Local 1168  
SEIU 1199

**EMPLOYEE SECTION**

Date of incident: \_\_\_\_\_ Facility/Site: \_\_\_\_\_ Unit/Dept: \_\_\_\_\_ Shift: \_\_\_\_\_

Name of Manager Notified: \_\_\_\_\_ Date/Time a Manager Notified: \_\_\_\_\_

Name & job titles of employees working \_\_\_\_\_ Short Scenario of Staffing Issue: \_\_\_\_\_

Add ons \_\_\_\_\_ Highest Census \_\_\_\_\_ Sched. cases \_\_\_\_\_ How it was resolved: \_\_\_\_\_

Was the staffing issue resolved? \_\_\_\_\_

YES \_\_\_\_\_ NO \_\_\_\_\_

**Fax a copy of this form to the Nursing Department or Office Manager - Nursing Offices: (BGH: 859-1744, Gates: 887-5151, Suburban: 568-3034, DeGraff: 690-2300, Deaconess: 887-8004, Flint: 626-7274) and a copy to the Union office at CWA: 644-9100, SEIU: 876-0930, CHOB: Manager at the site you work.**

**MANAGER SECTION**

**To be completed by the manager notified of staffing issue. Give a completed copy of this form to the employee, and fax a copy to the CWA office at 644-9100/or SEIU 876-0930 within 72 hours of receipt of the original form.**

Was shift originally staffed correctly? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, why: \_\_\_\_\_

What happened after schedule was posted to change staffing? \_\_\_\_\_

# of Call-Ins on this unit: \_\_\_\_\_ # of Personal Days on unit: \_\_\_\_\_ # of Cancellations on unit: \_\_\_\_\_

# of DIF on this unit: \_\_\_\_\_ # DBL/LOA/COMPs on unit: \_\_\_\_\_ Other: \_\_\_\_\_

What action was taken to resolve staffing issue (provide any supporting info. ie recruitment logs, scrambles etc.) \_\_\_\_\_

You must provide the above employees with this written response. Did you respond? \_\_\_\_\_ When: \_\_\_\_\_ Manager's Response/Signatures \_\_\_\_\_

Comments: \_\_\_\_\_

**UNION SECTION**

(for office use only) Grievance # \_\_\_\_\_

Comments: \_\_\_\_\_