

Staffing Concern Form – CWA (St. Joseph Campus)

Effective 8/1/2017

What was the staffing like today?

Date: _____ Time: _____ Unit/Dept.: _____ Shift: _____

	Regular Staff	Floats	Agency	Per Staffing Plan
RNs				
NAs				
Monitor Techs/Unit Clerks				
Other (Ex. 1:1, supervisor)				
Orientees				
Students				
Bed Capacity:		Census:		
# of 1:1 :		Who is sitting with them?		

Scenario of staffing issue:

Name of manager/supervisor notified: _____ Time of notification: _____

Was the staffing issue resolved? Yes _____ (Manager Section not required)
 No _____ (Manager to complete Manager Section)

What actions were taken by management to resolve the staffing issue?

Respectfully submitted by _____ Date/Time submitted _____

Directions for filing:

- Associate will fill out top section and will provide a copy to the department manager and the Union (or bargaining unit member of the Staffing Committee) within 24 hours of the staffing incident
- Manager (or designee) will review the incident (if necessary) and prepare a response
- Manager (or designee) will submit the completed form to the HR department
- HR will forward a copy to CWA

<p>Timeline: Date submitted _____ Date received by dept. manager _____ Date received by HR _____ Date sent to CWA _____</p>

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Manager Section (Only required if issue was not resolved):

Date & time you were notified of staffing issue: _____

Was the shift staffed correctly? Yes _____ No _____ if no, why? _____

Date schedule was finalized/posted: _____

What happened after the schedule was posted to negatively impact staffing? _____

Call offs/Unscheduled PTO: _____ # on approved PTO day: _____

Leave of absence (DBL), include dates: _____ Other: _____

What actions were taken to resolve the staffing issue and why were they unsuccessful?

Comments: _____

Manager signature: _____

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