



Staffing Issue Form – Kaleida Health

Effective 11/1/2019

**Employee Section:**

Please complete this page within 24 hours of the staffing issue. Submit a copy to your manager and union office.

*\*Please submit one form per shift per unit\**

Date of staffing issue: \_\_\_\_\_ Department: \_\_\_\_\_

Shift: \_\_\_\_\_ Census: \_\_\_\_\_ (if applicable)

List Job Title(s)	Regular Staff	Float Staff	Agency	# per Staffing Plan

Brief description of staffing issue:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Manager/Supervisor notified: \_\_\_\_\_ Time of notification: \_\_\_\_\_

Was the staffing issue resolved? Yes \_\_\_\_\_ No \_\_\_\_\_

To your knowledge, what actions were taken by all to resolve the staffing issue?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Respectfully Submitted by: \_\_\_\_\_

Date submitted: \_\_\_\_\_ Time submitted: \_\_\_\_\_



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**Manager Section:**

Please complete this section within 72 hours from receipt of form and return a copy of this entire form to the employee.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date schedule was finalized/posted: \_\_\_\_\_

What occurred after the schedule was posted to negatively impact staffing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Call-Offs/PTU/Intermittent FMLA: \_\_\_\_\_ # on Approved PTO: \_\_\_\_\_

# of LOA, DBL, W/C: \_\_\_\_\_ Other \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of management completing form: \_\_\_\_\_

Date & Time completed: \_\_\_\_\_

**Fax a copy of this form to the applicable offices:**

Nursing Office /Department Manager: BGH 859-7443, MFS 568-3127, DMH 690-2300, OCH 323-1382, Flint 626-7274, HighPointe 748-3166. Union Offices: 1199 SEIU 876-0930, CWA 636-9100