Staffing Concern Form – CWA (St. Joseph Campus)  
Effective 8/1/2017

What was the staffing like today?
Date: ___________  Time: ___________  Unit/Dept.: ___________  Shift: ___________

<table>
<thead>
<tr>
<th></th>
<th>Regular Staff</th>
<th>Floats</th>
<th>Agency</th>
<th>Per Staffing Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNs</td>
<td></td>
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<tr>
<td>NAs</td>
<td></td>
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<tr>
<td>Monitor Techs/Unit Clerks</td>
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<tr>
<td>Other (Ex. 1:1, supervisor)</td>
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<tr>
<td>Orientees</td>
<td></td>
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<tr>
<td>Students</td>
<td></td>
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</tbody>
</table>

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

Timeline:
Date submitted________
Date received by dept. manager________
Date received by HR________
Date sent to CWA________
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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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