

Staffing Committee Form

For CWA Local 1168
1199 SEIU

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: (BGMC: 859-7443, MFS Suburban: 568-3127, DeGraff: 690-2300, DMH SNF #2: 690-2118, HighPointe: 748-3289, Flint: 626-7274) and a copy to the Union office at CWA: 636-9100, 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 636-9100/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: _____