

Assignment Despite Objection

Instructions: When you have completed and signed this form, provide a copies to the union and the most appropriate supervisor. Where possible, please deliver the form electronically by scanning and emailing it to the supervisor and howard.union@gmail.com.

Employee Name

Supervisor Name

Date

Employee Email Address

Supervisor Email Address

Site or Program

Declaration of Concern

It is my reasonable belief that the situation as documented below constitutes improper quality of care.

Because refusal to accept or participate in this assignment may result in employer discipline, I accept the assignment under protest and will carry it out to the best of my ability. Responsibility for the consequences of this assignment must rest with the employer.

I request that the employer take appropriate corrective action to ensure that no employee or client be placed in this situation in the future.

Description of Concern

I am concerned about an employer practice procedure
 action failure to act

Specifically:

I believe it violates the Nurse Practice Act employer policies and/or code of ethics
 my profession's code of ethics established standards of care related to public or client health or safety

Specifically:

Notice to Employer: Please be advised that the Union considers this document to be notice to the Employer under 21 V.S.A. § 507, the Healthcare Whistleblower's Protection Act. Retaliatory action against the reporting employee is prohibited by law.

Employee Signature



AFSCME Local #1674
Howard Mental Health Services