

**ASSIGNMENT UNDER PROTEST**  
AFCME/UNA LOCAL 2026

To whom it may concern,

Please know that I am accepting this assignment because I do not want to be insubordinate to my employer, be accused of patient abandonment, or deprive my co-workers of my assistance. It is also because ethically we believe we should do what we can for patients who need us. Realize that I believe that the present assignment risks both, the patients' well-being, represents unsafe working conditions and has the potential to risk my licensure. I have made this known to my supervisor and will not be held accountable for errors or injuries cause by unsafe staffing that the hospital allows to exist.

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

UNIT: \_\_\_\_\_

Please check all that apply:

These conditions violate the hospital's staffing parameters.

Conditions exist on this unit that jeopardize patient safety.

My assignment makes it physically impossible to complete my work on time.

Acuity is such that my assignment is excessive and/or exposes me to potential injury, or jeopardizes safety.

Other related circumstances. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: Maintain patient confidentiality.

Use back of this form for additional information as necessary.