

## **ASSIGNMENT DESPITE OBJECTION FORM**

You must first verbally protest your assignment to your supervisor at the time you believe it is unsafe. This is usually at the beginning of the shift, but may occur at any time. If your supervisor does not make the necessary adjustments to the assignment, complete this form to the best of your knowledge and give one copy to your supervisor, one to your UPTE representative, and keep one copy for your records.

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I/we \_\_\_\_\_, \_\_\_\_\_,  
(print name) (class, job title)

employed at \_\_\_\_\_, on \_\_\_\_\_, \_\_\_\_\_,  
(campus, med center) (shift) (department/unit)

hereby object to the assignment made to me by: \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_.  
(name of supervisor) (time) (date)

I am objecting on the grounds that I was: (check each objection that applies)

- not properly oriented to the unit/work area
- not properly trained or experienced in area assigned
- not supported by adequate staffing
  - short staffed
  - new patients were added without adequate staff
  - staffed with registry/temp/agency personnel
- not given adequate Personal Protection Equipment (PPE)
- given assignment which posed a threat to the health and/or safety of my patients
- given assignment which posed a threat to my own health and/or safety
- other: \_\_\_\_\_  
(please specify)

Working conditions:

- Missed breaks
- work beyond my scheduled hours

**This assignment is accepted only because I have been instructed to do so, despite my objections.**

Brief statement of problem, including how patient care/quality services are adversely affected and/or how these conditions have created unsafe working conditions and/or missed breaks:

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Actions Taken By Employee:

- Notified supervisor \_\_\_\_\_ at \_\_\_\_\_  
(name) (time, date)
- Supervisory response: \_\_\_\_\_

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Please give one copy to your supervisor, one copy to your UPTE steward or staff, and keep one copy for yourself