

Staffing Idea/Concern Form

Date _____ Time _____ Unit _____ Name _____

I am submitting this staffing and workload idea/concern because of the following:

I/We have an idea for the staffing committee to consider.

- Staffing less than guidelines
- Pt status change or more care needed
- Admission/discharge
- Unable to take breaks and/or lunch

Additional need for ancillary help:

- nursing assistants
- housekeeping
- Other _____

I/We have an idea for the staffing committee to consider. Description of idea:

Concern: Description of concern, steps taken to address the concern, team members involved:

Resolved Not Resolved

Additional recommendations:

Signature: _____ Date/Time Received: _____