



1104 Lexington Avenue New York, NY 10021  
 Phone: (212) 988.5565 Fax: (212) 988.2073

## UNSAFE ASSIGNMENT DOCUMENTATION FORM

PRINT LEGIBLY

**DESCRIPTION OF UNSAFE ASSIGNMENT:**

(Use reverse side or attach additional documents as necessary.)

<b>DATE:</b>	
<b>TIME:</b>	
<b>UNIT:</b>	
<b>PRESENTED TO:</b> (LHH Manager)	Print Name: Signature:
<b>FROM:</b>	Print Name: Signature:
<b>WITNESS(ES)</b> (fill in if possible)	1.
	2.
	3.

Under the laws of New York State, I am, as a professional Registered Nurse, responsible, accountable and committed to my patients who seek quality health care at Lenox Hill Hospital. Thus, this documents and confirms that I have notified you, and therefore, nursing management, that, in my professional judgment, the assignment given to me on this date and time is unsafe and therefore, puts my patients at risk. As a result, Lenox Hill Hospital and you share responsibility for any and all adverse effects on patient care that may occur during my assignment on this date.

I will, under protest, attempt to carry out the assignment to the best of my professional ability. **However, in accordance with the New York State “Abandonment Clarification” dated September 2002, I hereby notify you that I will not accept such an assignment in the future.**

Give this form to the LHH manager and **fax** a copy to NYPNU at **(212) 988-2073**.