MANDATORY OVERTIME REPORTING FORM

This form is being used by the MNA to report any instances where health care employers are mandating nurses to work overtime in violation of the recently passed law banning this practice. Please fill out this form so that we can document these violations and report them to the various states agencies that will be charged with enforcing this law.

CONTACT INFORMATION

Name: ___________________________________________________  Zip: ____________________________________________________

Email: ___________________________________________________  Phone: __________________________________________________

INCIDENT REPORT

Facility: ___________________________________________________  Date of incident _____________________________________

Type of unit: __________________________________________  Shift (day, eve, night): __________________________________

Scheduled hours (agreed upon by nurse and employer 8, 10, 12, etc.) _________  Number of hours mandated: __________

Next scheduled shift (date & shift): ______________________

Number of hours between the end of the mandated shift and next scheduled shift ______________________

Who did the mandation?  

- Supervisor
- Charge Nurse
- Other________________________

What was the reason given for mandating you? ______________________

________________________________________________________________________________________________________

Did you attempt to refuse?  

- Yes  
- No

Were you told of any consequences for refusing?  

- Yes  
- No

What were the consequences for refusing? ______________________

________________________________________________________________________________________________________

Was there an emergency that led to the mandation?  

- Yes  
- No

Who declared the emergency? ______________________  What was the emergency? ______________________

________________________________________________________________________________________________________

Is your unit open and staffed (not on call) for 24 hour patient care?  

- Yes  
- No

Have you ever been placed “on call” to cover vacancies?  

- Yes  
- No

What are the restrictions or requirements associated with being on call? (Expected time of arrival when called in, etc.)?

________________________________________________________________________________________________________

Please add any details or information that you think might be useful. __________________________________________________________________________________________

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