



Massachusetts
Nurses
Association

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 law banning this practice in all hospitals. MGL c.111, s.226

Name: _____

Email: _____ Best 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: _____

Number of hours between the end of the mandated shift and the next scheduled shift: _____

Who did the mandation? Supervisor Other _____

What was the reason given for mandating you? _____

Did you 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

Please add any details or information that you think might be useful: _____

Please be advised that the MNA considers this document to be notice to the hospital/facility under Massachusetts General Law c.149, §187(c)(1), The Health Care Worker's Whistle Blower Protection law.

Return Form to MNA, 340 Turnpike Street Canton, MA 02021; Fax: 781-821-4445

cc: HPC/DPH/AG