

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. _____