ELECTRONIC PINK SLIP for MVAHCS and AFGE Professional Local 3669

**TO:**

**FROM:**

As a Registered Nurse in the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is my professional responsibility as a patient advocate and direct care giver to notify you that I consider the practice of nursing on Ward/Clinic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tour of duty, on this date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

as unsafe and I so notify you. I have contacted you about these unsafe conditions and you have refused to provide assistance. I will not abandon my patients and will continue to give care under protest.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions:

Download copy of form on computer and complete. Save document as “Pink Slip” on your computer for yourself. Send Email from your work email account to afge3669@outlook.com and to your supervisor with a copy of the Pink Slip document file attached to the email.