

Local 7 Staffing Committee Documentation of Staffing Concern

A staffing concern has been identified and unresolved at the following Kaiser Permanente location:

Facility _____ **Department** _____

Please describe the staffing concern (include duration of the issue, vacancies and other pertinent information about what is happening in the department)

[please use separate page if additional space is needed]

What has been done at the department (unit level) to resolve the situation?

[please use separate page if additional space is needed]

If Issue Resolution/Interest Based Problem Solving was used to attempt to resolve the issue, what was the problem statement?

[please use separate page if additional space is needed]

Person(s) completing the form:

Name (Staff Member)

Telephone Number

Name (Staff Member)

Telephone Number

Date and Time Stamp

Date: _____

Name (Staff Member)

Telephone Number

Time: _____

Name (Supervisor)

Telephone Number

Has a Local 7 Union Steward been involved in this process? If so, who?

Local 7 Union Steward

Telephone Number

Suggested Process:

- a. Use this form to submit staffing concerns to the Local 7 Staffing Committee.
or;
- b. A staff member and supervisor or steward and supervisor can bring the completed form to the Local 7 Staffing Committee to discuss the staffing concerns.

Disclaimer: Local 7 and Management are committed that no retaliation shall result from identifying a concern and utilizing this form.

Copies distributed to: MOA/Director, Staffing Committee, Employee