

Professional Practice Workload Review Form Instructions

First welcome and thank you for taking the time to help improve patient care, safety and professional nursing practice by, completing this form. Together we can all contribute to the best possible experience for those we care for and for those who provide that professional care.

1. For SEIU members and managers please complete professional practice workload review form and *include your contact information, phone or email.*
Name: _____
Phone: (M) _____ (H) _____
Email: _____
2. Please make a copy of this form for the nurses who have completed the form.
3. Nurses please submit the completed form by fax, to **1-855-233-8238**
4. Please submit the original completed and signed form to the manager responsible for your nursing area to allow for a response.

Directions for Nurse Managers

1. Please record your response to the professional practice nursing workload issues described in the WLRF including, any action taken to resolve the issues presented. Please *include your contact information in your response.*
Name: _____
Phone: _____
Email: _____
2. Managers please fax the completed form, including your response and contact information, to **1-855-233-8238**