PINK SLIP for MVAHCS and AFGE Professional Local 3669

**TO:**

**FROM:**

**Date:**

**Location:**

**Tour of Duty:**

As a licensed professional\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, it is my professional responsibility as a patient advocate and direct care giver to notify you that I consider my professional practice on 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Details:

**Instructions:**

**Please provide as much information as you can on this form. Make 2 copies. Original to Supervisor, copy to AFGE 3669 and copy to retain in area where you work.**