CALIFORNIA NURSES ASSOCIATION

NATIONAL NURSES ORGANIZING COMMITTEE

CNA/NNOC Headquarters ■ 2000 Franklin St. ■ Oakland, CA 94612 ■ www.calnurses.org ■ www.nnoc.net

CNA

Attendance Counseling Response Form

Name _____ EMAIL _____ Date of Counseling_____

Manager_____ EMAIL _____Dept_____

I object to the counseling session that was held with me on the above date. The items circled below apply to me:

1. I had an illness covered under the Family Medical Leave Act* (FMLA) lasting 3 days or more for which I provided a doctor's slip.
2. My family member had an illness for which I used my sick days under Kin Care (AB109).
3. My absence was the result of an injury on the job.
4. I have _____days/hours accrued sick time.
5. There are _____vacancies on my shift.
6. Nurses in my department consistently miss their meal and break periods
7. My department consistently ignores the acuity of patients when assigning work.
8. I have worked extra shifts, doubles, overtime more than once in the past month.
9. I agree to stop working OT to protect my health!

- The Family Medical Leave Act (FMLA) defines a serious illness as an illness which lasts for 3 days or more for which the employee was under a doctor's care.

Important: make a copy and give it to the Nurse Rep or send a copy to CNA to the attention of your Labor Rep.