|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Facility Name: |  |
|  |  |  |  |
| Address: |  | Facility License # |  |
|  |
| Requested by: |  | Contact Number: |  |

1. Have incentives and overtime pay been offered for current staff? (*explain*)

Choose an item.

1. Have non-direct care staff been re-assigned to assist in appropriate ways? (*explain*)

Choose an item.

1. Have new staff been actively recruited? (*explain and provide documentation*)

Choose an item.

1. Have BOTH staffing agencies from Emergency Preparedness Plan’s contingency plan for additional staffing been activated? (*explain*)

1.Choose an item.

2. Choose an item.

1. Have corporate headquarters been contacted to request re-allocation of available resources from other facilities/areas? (*explain*)

Choose an item.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date**  | **Shift Time** | **Position** | **Number already scheduled for shift** | **Number requesting for shift** | **Paid Position** |
| Click or tap to enter a date. | Choose an item. | Choose an item. |  |  | [ ] Y [ ] N |
| Click or tap to enter a date. | Choose an item. | Choose an item. |  |  | [ ] Y [ ] N |
| Click or tap to enter a date. | Choose an item. | Choose an item. |  |  | [ ] Y [ ] N |
| Click or tap to enter a date. | Choose an item. | Choose an item. |  |  | [ ] Y [ ] N |
| Click or tap to enter a date. | Choose an item. | Choose an item. |  |  | [ ] Y [ ] N |
| Click or tap to enter a date. | Choose an item. | Choose an item. |  |  | [ ] Y [ ] N |

1. Current census: Choose an item.