



# MINNESOTA NURSES ASSOCIATION

## MNA NURSES EMPLOYED AT ST. ALEXIUS PROBLEM WORKSHEET

**A Nurse (or a Nurse on behalf of a groups of Nurses) must give this form to an MNA Chair, Negotiations Team member, Steward or CAT member within 7 CALENDAR DAYS of the DATE THE PROBLEM OCCURRED**

NAME \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PERSONAL PHONE (Cell # preferred) \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
SUPERVISOR/MANAGER/DIRECTOR YOU REPORT TO \_\_\_\_\_  
UNIT OR CLINICAL AREA YOU WORK \_\_\_\_\_ USUAL SHIFT \_\_\_\_\_  
SCHEDULED HOURS PER PAY PERIOD \_\_\_\_\_ DATE OF OCCURANCE

**NURSE INSTRUCTIONS:** Fill out parts A, B & C of this form, completely. Retain a copy for your records. Provide a copy to an MNA Nurse Leader: Chairperson, Negotiations Team member, Steward or CAT member, who will work with you for the initial step in the process and will ensure other MNA Nurse Leaders and Staff are informed.

A. Employer Representative's Name, or the Employer's Policy, Decision or Action: \_\_\_\_\_  
\_\_\_\_\_ who/that caused the concern/problem.

What was impacted:

- \_\_\_\_\_ Contract: Article Names (if known or applicable) \_\_\_\_\_
- \_\_\_\_\_ Established and/or Longstanding Past Practice \_\_\_\_\_
- \_\_\_\_\_ Employer's Policy or Decision \_\_\_\_\_
- \_\_\_\_\_ Other (*explain*) \_\_\_\_\_

Nature of the Problem (*describe events or decisions that were communicated by the Employer*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Remedy Sought by the Nurse or Group of Nurses: \_\_\_\_\_

C. Name of MNA Nurse Leader who received this form: \_\_\_\_\_

**MNA NURSE LEADER INSTRUCTIONS:** ASAP after a Nurse submits this form to you, send an email to the Employer Representative ([rkudrna@primecare.org](mailto:rkudrna@primecare.org) or HR: [kawegmann@primecare.org](mailto:kawegmann@primecare.org), requesting a date and time for a Problem Worksheet Review Meeting (Be sure to copy in MNA labor Representative: [kathy.sandvik@mnnurses.org](mailto:kathy.sandvik@mnnurses.org) )

**NEAR THE END OF THE PROBLEM WORKSHEET REVIEW MEETING, THE MNA NURSE LEADER MUST LET THE EMPLOYER REPRESENTATIVE KNOW IF:**

- \_\_\_ You and the Nurse accept the Employer Representative's offer to resolve the problem (establish date)  
Or,
- \_\_\_ The problem remains unresolved. Tell the Employer Representative before the close of the Problem Worksheet Review Meeting that a grievance will be pursued. Immediately after the meeting, the MNA Nurse Leader must immediately send an e-mail to: [kathy.sandvik@mnnurses.org](mailto:kathy.sandvik@mnnurses.org) to provide a brief report.