



## Los Robles Health System

### Meal/Relief Patient Assignment Recording Form

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#### SECTION A: To be completed by Meal/Relief RN

Date Meal/Relief RN Placed into Core Patient Assignment: \_\_\_\_\_

Unit Where Meal/Relief RN Placed into Core Patient Assignment: \_\_\_\_\_

Total Amount of Time in Core Patient Assignment: \_\_\_\_\_

Start Time in Core Patient Assignment \_\_\_\_\_

End Time in Core Patient Assignment \_\_\_\_\_

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**Meal/Relief RN's Name (Print)**

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**Meal/Relief RN's Signature**

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#### SECTION B: To be completed by Hospital Leadership

The above information was verified and is correct: ☐ Yes ☐ No

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**Management Name (Print)**

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**Management Signature**

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**Date Verified**

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#### Copies of Signed Form Provided to:

- ☐ Employee
- ☐ Finance
- ☐ Director of Labor Relations
- ☐ Fax copy to SEIU 121RN (626) 395-7538