



**NPhA-USW LOCAL 1969**  
2328 E. LINCOLN HWY #146  
NEW LENOX, IL 60451-9533

## STAFFING REVIEW

*Please circle & comment where appropriate and submit to the mailing address listed above.  
Additional comments can be written and submitted on the reverse side of this form.*

*Is help given when IC3 is called?                      YES    NO*

**Do you feel staffing is adequate at your location?                      YES    NO**

*If No, please list the times/shifts of help requested:*

DAYS                      AFTERNOONS                      EVENINGS                      OVERNIGHTS

**Do you feel staff training is adequate at your location?                      YES    NO**

*If No, name of individuals who you feel need additional training and with regards to what subject matter:*

**Does management help when paged to the pharmacy?                      YES    NO**

*If No, please provide an example:*

**Are technicians' lunches and breaks covered?                      YES    NO**

*Additional Comments/Concerns?*

*In Solidarity,  
The NPhA-USW Staffing Review Committee*

**STORE LOCATION** \_\_\_\_\_  
(Required)

**YOUR NAME** \_\_\_\_\_  
(Required)