

**RESCINDING OF DELEGATED TASK
OF NURSING CARE
SAMPLE**

It is my decision to rescind the delegated task listed below to the unlicensed staff, also listed below. This rescinding of delegation is effective as of

(Date)

Delegated Task: _____

Person: _____

Unlicensed Staff's Name: _____

Reason for rescinding of delegation: _____

(RN's Signature)

(Date)