

Hospital Emergency Department Scheduling Worksheet

TO ALL RN STAFF: Please note change in scheduling method in order to meet the needs of ICU / 2 South

FT / PT Complete SCHEDULE
Per Diem Complete Schedule

- Guide lines:**
1. Write all requests *IN PENCIL*.
 2. Do not change any one else's request.
 3. Do not make any request on the 7th line if there are requirements in first six slots, excepting weekend commitments.
 4. Please seek exchanges where necessary.
 5. Do not request overtime here.
 6. There must be one senior nurse scheduled on each shift.
 7. DO NOT REMOVE from Bulletin Board.

Su	M	T	W	Th	F	Sa
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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#	Sunday /	Monday /	Tuesday /	Wednesday /	Thursday /	Friday /	Saturday /
1							
2							
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7							
8							

Please make Request for Overtime in this column

#	Sunday /	Monday /	Tuesday /	Wednesday /	Thursday /	Friday /	Saturday /
1							
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Please make Request for Overtime in this column

#	Sunday /	Monday /	Tuesday /	Wednesday /	Thursday /	Friday /	Saturday /
1							
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Please make Request for Overtime in this column

#	Sunday /	Monday /	Tuesday /	Wednesday /	Thursday /	Friday /	Saturday /
1							
2							
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Please make Request for Overtime in this column

Per Diem availability only in this section for any shifts you would be available to work in addition to what you have scheduled already.			