

MONTHLY NURSING SHIFT SCHEDULE

Department: Intensive Care Unit

Month: _____ 20____
 Supervisor: _____

STAFF MEMBER	01	02	03	04	05	06	07	08	09	10	...	31
Nurse Adams, J.	D	D	OFF	OFF	N	N	N	OFF	D	D		
Nurse Baker, S.	N	N	OFF	D	D	D	OFF	OFF	N	N		
Nurse Chen, L.	OFF	OFF	D	D	D	OFF	OFF	N	N	N		
Nurse Davis, M.	D	D	N	N	OFF	OFF	D	D	OFF	OFF		
Nurse Evans, R.	OFF	N	N	N	OFF	D	D	D	OFF	OFF		

D Day (07:00 - 19:00) N Night (19:00 - 07:00) OFF Rest Day V Vacation S Sick Leave