

NURSING DEPARTMENT SHIFT SCHEDULE

Unit/Ward: _____ Week Starting: ____/____/2024 Supervisor: _____

NURSE NAME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Doe, Jane (RN)	D	D	OFF	OFF	N	N	N
Smith, John (LPN)	E	E	D	D	OFF	OFF	D
Wilson, A. (RN)	OFF	N	N	N	OFF	D	D
Brown, T. (CNA)	D	D	E	E	E	OFF	OFF
Garcia, M. (RN)	N	OFF	OFF	D	D	E	E

Codes: D = Day (07:00-15:30) | E = Evening (15:00-23:30) | N = Night (23:00-07:30) | OFF = Day Off

Special Instructions / Ward Notes: