# NURSING SHIFT SCHEDULE

Unit: Medical-Surgical / Ward B

Week of: _____

Charge Nurse:
Floor Manager:
Staffing Ratio:

| NURSE NAME | MON | TUE | WED | THU | FRI | SAT | SUN |
|---|---|---|---|---|---|---|---|
| **Sarah Johnson, RN** | DAY | DAY | OFF | OFF | DAY | DAY | OFF |
| **Michael Chen, LPN** | OFF | OFF | NIGHT | NIGHT | NIGHT | OFF | OFF |
| **Elena Rodriguez, RN** | EVE | EVE | EVE | OFF | OFF | EVE | EVE |
| **James Wilson, RN** | OFF | DAY | DAY | DAY | OFF | OFF | DAY |

**Notes:** All shift swaps must be approved by the Charge Nurse 24 hours in advance. "DAY" (07:00-15:00), "EVE" (15:00-23:00), "NIGHT" (23:00-07:00).