APPENDIX IV

INNOVATIVE WORK SCHEDULE AGREEMENT FORM

NAME (print) _____

I wish to work the following schedule:

- ☐ 40 hours of work within a 7 day period
- ☐ 80 hours of work within a 14 day period (8 hour shifts)
- ☐ 160 hours of work within a 4 week (28 day) period

I understand that I may change my work period prior to the request due date listed below of the effected schedule by submitting a request for change in writing to my Nurse Manager.

EMPLOYER TO UPDATE DATES BELOW

4 WEEK BLOCKS	Date change Form is Due
5/25/09 - 6/21/09	4/12/09
6/22/09 - 7/19/09	5/10/09
7/20/09 - 8/16/09	6/7/09
8/17/09 - 9/13/08	7/5/09
9/14/09 - 10/11/09	8/2/09
10/12/09 - 11/8/09	8/30/09
11/9/09 - 12/6/09	9/27/09
12/7/09 – 1/3/10	10/25/09
1/4/09 - 1/31/10	11/22/09
2/1/10 - 2/28/10	12/20/09
3/1/10 - 3/28/10	1/17/10
3/29/10 – 4/25/10	2/14/10
4/26/10 – 5/23/10	3/14/10
5/24/10 – 6/20/10	4/11/10

4 WEEK BLOCKS	Date change Form is Due
6/21/10 – 7/18/10	59//10
7/19/10 – 8/15/10	6/6/10
8/16/10 – 9/12/10	7/4/10
9/13/10 – 10/10/10	8/1/10
10/11/10 – 11/7/10	8/29/10
11/8/10 – 12/5/10	9/26/10
12/6/10 – 1/2/11	10/24/10
1/3/11 – 1/30/11	11/21/10
1/31/11 – 2/27/11	12/19/10
2/28/11 – 3/27/11	1/16/11
3/28/11 – 4/24/11	2/13/11
4/25/11 – 5/22/11	3/13/11
5/23/11 – 6/19/11	4/10/11
6/20/11 – 7/17/11	5/8/11

Registered Nurse Date

Nurse Manager Date
Notice Only

A copy of this form shall be given to the RN and retained by the RN's Nurse Manager.