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 affected schedule by submitting a request for change in writing to my Nurse Manager. I understand that changes to my work period may be submitted no more than two times a year, effective the first full schedule or when I transfer to a new work unit.

4 WEEK BLOCKS 2017-2018	Date change Form is Due
7/17/17-8/13/17	5/29/17
8/14/17-9/10/17	6/26/17
9/11/17-10/08/17	7/24/17
10/09/17-11/05/17	8/21/17
11/06/17-12/03/17	9/18/17
12/04/17-12/31/17	10/16/17
1/1/18-1/28/18	11/13/17
1/29/18-2/25/18	12/11/17
2/26/18-3/25/18	1/8/18
3/26/18-4/22/18	2/5/18
4/23/18-5/20/18	3/5/18
5/21/18-6/17/18	4/2/18
6/18/18-7/15/18	4/30/18

4 WEEK BLOCKS 2018-2019	Date change Form is Due
7/16/18-8/12/18	5/28/18
8/13/18-9/9/18	6/25/18
9/10/18-10/7/18	7/23/18
10/8/18-11/4/18	8/20/18
11/5/18-12/2/18	9/17/18
12/3/18-12/30/18	10/15/18
12/31/18-1/26/19	11/12/18
1/27/19- 2/23/19	12/10/18
2/24/19-3/23/19	1/7/19
3/24/19-4/20/19	2/4/19
4/21/19-5/25/19	3/4/19
5/26/19-6/22/19	4/1/19
6/23/19-7/20/19	4/29/19

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.