

APPENDIX III – 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 2022-2023	Date change Form is Due
6/12/23-7/9/23	4/30/23
7/10/23-8/6/23	5/28/23
8/7/23-9/3/23	6/25/23
9/4/23-10/01/23	7/23/23
10/02/23-10/29/23	8/20/23
10/30/23-11/26/23	9/17/23
11/27/23-12/24/23	10/15/23
12/25/23-1/21/24	11/12/23
1/22/24-2/18/24	12/10/23
2/19/24-3/17/24	1/7/24
3/18/24-4/14/24	2/4/24
4/15/24-5/12/24	3/3/24
5/13/24-6/9/24	3/31/24

4 WEEK BLOCKS 2022-2023	Date change Form is Due
6/10/24-7/7/24	4/28/24
7/8/24-8/4/24	5/26/24
8/5/24-9/1/24	6/30/24
9/2/24-9/29/24	7/21/24
9/30/24-10/27/24	8/18/24
10/28/24-11/24/24	9/15/24
11/25/24-12/22/24	10/13/24
12/23/24-1/19/25	11/10/24
1/20/25-2/16/25	12/8/24
2/17/25-3/16/25	1/5/25
3/17/25-4/13/25	2/2/25
4/14/25-5/11/25	3/2/25
5/12/25-6/8/25	3/30/25
6/9/25-7/6/25	4/27/25

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.