

## STAFFING PATTERN WORKSHEET SCHEDULE

Complete a form for each Residential Element and attach as many sheets as necessary. Enter the employee's typical work schedule.

Provider Legal Name \_\_\_\_\_

Residential Element \_\_\_\_\_

PRU # \_\_\_\_\_

Title/FTE	Shift	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 <sup>st</sup> Shift							
	2 <sup>nd</sup> Shift							
	3 <sup>rd</sup> Shift							
	1 <sup>st</sup> Shift							
	2 <sup>nd</sup> Shift							
	3 <sup>rd</sup> Shift							
	1 <sup>st</sup> Shift							
	2 <sup>nd</sup> Shift							
	3 <sup>rd</sup> Shift							
	1 <sup>st</sup> Shift							
	2 <sup>nd</sup> Shift							
	3 <sup>rd</sup> Shift							