

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 st Shift							
	2 nd Shift							
	3 rd Shift							
	1 st Shift							
	2 nd Shift							
	3 rd Shift							
	1 st Shift							
	2 nd Shift							
	3 rd Shift							
	1 st Shift							
	2 nd Shift							
	3 rd Shift							