Facility Name: Western Hospital
Department: Emergency Department
Position to fill: Registered Nurse
BLUE - LEAVE REQUEST
RED - VACANT
Contact: Courtney Perry - Schedular
Contact Info: cfperry@ihis.org or 902-853-8665

Western Hospital - RN Emergency							
Day	**Sun**	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**
Date	*25-Oct*	*26-Oct*	*27-Oct*	*28-Oct*	*29-Oct*	*30-Oct*	*31-Oct*
Shift	*D12, N12*	*D12, N12*	*D12*	*D12*	*D12, N12*	*D12, N12*	*D12*
Shift							
Day	**Sun**	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**
Date	*1-Nov*	*2-Nov*	*3-Nov*	*4-Nov*	*5-Nov*	*6-Nov*	*7-Nov*
Shift		*D12, D12, N12*	*D12, D12*		*N12*	*D12, N12*	*D12, N12*
Shift				*D12*	*D12*	*D12*	*D12*
Day	**Sun**	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**
Date	*8-Nov*	*9-Nov*	*10-Nov*	*11-Nov*	*12-Nov*	*13-Nov*	*14-Nov*
Shift	*D12, N12*	*D12, N12*	*D12, N12*	*N12*	*N12*	*D12, N12*	*D12, D12*
Shift		*D12*	*D12*				*N12*
Day	**Sun**	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**
Date	*15-Nov*	*16-Nov*	*17-Nov*	*18-Nov*	*19-Nov*	*20-Nov*	*21-Nov*
Shift	*D12, D12*	*D12*	*D12*	*D12, D12, N12*	*D12*	*D12*	*D12, D12*
Shift	*N12*				*D8, N12*	*D8, N12*	
Day	**Sun**	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**
Date	*22-Nov*	*23-Nov*	*24-Nov*	*25-Nov*	*26-Nov*	*27-Nov*	*28-Nov*
Shift	*D12, D12*	*D12, N12*	*D12*	*D12, D12*	*D12, D12*	*D12*	*N12*
Shift		*D8*					
Day	**Sun**	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**
Date	*29-Nov*	*30-Nov*	*1-Dec*	*2-Dec*	*3-Dec*	*4-Dec*	*5-Dec*
Shift	*N12*	*D12, N12*	*D12, N12*	*N12*	*N12*	*N12*	*D12, N12*
Shift							