

# **GOOD SHEPHERD LUTHERAN SERVICES**

Complete ONLY if applying to the Nursing Department

## **Employment Application to the Nursing Department-Scheduling Information and Request**

**Name:** \_\_\_\_\_  
**Phone number:** \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)  
**E-mail address:** \_\_\_\_\_

Good Shepherd Lutheran Services is very flexible and will make every effort to accommodate reasonable individual scheduling preferences of hired employees. The availability of certain shifts, hours, days, and positions are based on:

- 1) Availability after staff with prior requests are scheduled
- 2) Health Department staffing requirements
- 3) Number of holiday, vacation, and LOA days staff are off on the schedule
- 4) The date of staff's last written request for changes in scheduling shifts and hours (this form becomes the first written request if hired)
- 5) All requests must be made in writing following the nursing department Scheduling Policies and Procedures.

A change in any of the above may change the shifts, hours and positions available from schedule to schedule, and day to day. No guarantee can be given of specific hours or shifts available for this reason. The staff who are willing to be flexible in the shifts they are willing to work will have a greater chance of more hours being available and scheduled. Staff who plan and submit their requests early will have a greater chance of having their request met.

### **Requested Scheduling:**

Number range of hours requested/preferred per week \_\_\_\_\_

Shift(s) requested/preferred \_\_\_\_\_

#### **\*Shifts available:**

**Days:** 6:45am – 12:15pm, 6:45am – 3:00pm

**Evenings:** 2:45pm – 9:00pm, 2:45pm – 11:00pm, 5:00pm – 9:00pm

**Nights:** 10:45pm – 7:00am

### **Schedule Willing to Work (until preferred schedule available):**

Number range of hours per week \_\_\_\_\_

Shift(s) \_\_\_\_\_

### **Schedule Unable to Work (due to school, other job etc): list specific dates, days or times**

\_\_\_\_\_

I have read and understand the above information and policy.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **To be completed by Director of Nursing if hired:**

Tentative shifts(s)/position/hours to orient and begin: \_\_\_\_\_

**Other information:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_