## 2025-26 School Year

TO:	Nurses				
FROM:					
SUBJECT:	Schedule				
Please fill out the sche  9th. Fill out all sect  = 0.1 FTE. In addition be working.	ions below. Indica	ite your work ti	me in FTEs. I	Each half day	(3.75 hours)
Thank you.					
Your name:					
Your CELL phone #:					
Your E-Mail:					
Location:					
Weekly Schedule:	1	Г		Г	1

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	Monday	Tuesday	Wednesday	Thursday	Friday	
AM						
						TOTAL FTE
РМ						
TOTAL FTE						