2025- 26 School Year

TO: Nurse's Assistants

FROM: Kari Stampfli

SUBJECT: Schedule

Please fill out all sections of the schedule below and **return to Nancy Koch Meyer by <u>Friday, September 9th</u>.** Your total hours should equal the number listed on your annual assignment.

Thank you.

Your name:

School:

Your <u>direct</u> office phone number :

Your **HOME** phone number: (for phone tree)

Your CELL phone #: (will not be published, for emergency use only)

Your E-Mail:

Weekly Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours Worked
Time Worked (e.g. 9:15-1:15)						
Hours Worked (e.g. 4 hrs)						
Lunch Break Yes or No						