	NURSING SERVICE PERSONNEL TIME SCHEDULE For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.					DATES (Inclusive) OF PERIOD COVERED				
				DUTY TI	ME, CLASS	TIME, OR	OFF-DUTY	STATUS		
TITLE	LAST NAME	DUTY	SUN.	MON.	TUE.	WED.	THURS.	FRI.	SAT.	
SIGNATUR	L E OF HEAD NURSE	1		ı	ı		1	WARD		
		INSTR	UCTIONS	;						
Lie	t professional personnel first and then nonprofe			"Duty" sy			"Off-Duty	Status" sym	bols	
In o	column under "title" enter title, e.g., Maj., Ca	pt., Lt., Sgt.,	HN -	Head nurse	t. head nur	se	DO	- Day Off		
Pvt.,	Mr., Mrs., Miss. ries for "Duty" and for "Off-Duty Status" will		GEN. D	UTY - Ger	neral duty	-	LV -	 Leave 		
ized a	as follows:	oc symbor-	CL. T - WM -	Clinical te Ward mas	chnician ter			Sick leavenHoliday		