

**Jackson, Leslie**

**From:** Narvaez, Nena  
**Sent:** Wednesday, May 01, 2013 7:00 PM  
**To:** Jackson, Leslie  
**Cc:** Salmond, Erin  
**Subject:** FW: Request for Schedule Change  
**Attachments:** image001.png

**From:** Narvaez, Nena  
**Sent:** Wednesday, May 01, 2013 6:58 PM  
**To:** Narvaez, Nena  
**Subject:** Request for Schedule Change



Jersey City Medical Center 201-915-2000  
 355 Grand Street, Jersey City, NJ 07302

## Request for Schedule Change

Name:     Nena Narvaez      
 Unit:     ICU    

Date: 05-01-2013  
 Shift(s):     7a    

## Present Schedule

Name	Date	Sunday	Monday	Tuesday	Wednesday 05-08-13	Thursday 05-09-13	Friday	Saturday
Nena					OFF	7A-7P		
Alelei					7A-7P	OFF		

## Requested Schedule

Name	Date	Sunday	Monday	Tuesday	Wednesday 05-08-13	Thursday 05-09-13	Friday	Saturday
Nena					7a-7p	OFF		
					OFF	7A-7P		

5/22/2013





Jersey City Medical Center 201-915-2000  
 355 Grand Street, Jersey City, NJ 07302

Request for Schedule Change

Name: Cynthia Rodriguez-Suarez  
 Date: 04/20/13  
 Unit: ICU  
 Shift(s): 7a-7p

Present Schedule

Name	Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Cynthia	05/02					7a-7p	off	
Ms. Seu	05/02					off	7a-7p	

Requested Schedule

Name	Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Cynthia						off	7a-7p	
Ms Seu						7a-7p	off	

Request Approved

Request Not Approved

Employee's Signature Cynthia Rodriguez-Suarez \_\_\_\_\_ Date: 04/20/2013 \_\_\_\_\_

By checking this box, I agree to this electronic signature

Employee's Signature M. Seu \_\_\_\_\_ Date: 04/20/2013 \_\_\_\_\_

By checking this box, I agree to this electronic signature

Nurse Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_