

**Care-on-Call Schedule Request**

You will be automatically scheduled for Care-on-Call. This form does not need to be completed. If you have specific dates you are not available, or you have specific dates you would like to be scheduled, please fill out this form.

**Month:** \_\_\_\_\_ Drop Down List would be nice but not required

**I am NOT available for the following times:** (optional)

		Wk 1	Wk 2	Wk 3	Wk 4	Wk 5
Monday 4PM-10PM	_____	_____	_____	_____	_____	_____
Tuesday 4PM-10PM	_____	_____	_____	_____	_____	_____
Wednesday 4PM-10PM	_____	_____	_____	_____	_____	_____
Thursday 4PM-10PM	_____	_____	_____	_____	_____	_____
Friday 4PM-10PM	_____	_____	_____	_____	_____	_____
Saturday 8AM-3PM	_____	_____	_____	_____	_____	_____
Saturday 3PM-10PM	_____	_____	_____	_____	_____	_____

**I would request the following two (2) times to be scheduled for Care-on-Call:** (optional)

	Date	Date
Monday 4PM-10PM	_____	_____
Tuesday 4PM-10PM	_____	_____
Wednesday 4PM-10PM	_____	_____
Thursday 4PM-10PM	_____	_____
Friday 4PM-10PM	_____	_____
Saturday 8AM-3PM	_____	_____
Saturday 3PM-10PM	_____	_____

**Name:**

**Cell Number (if changed from last month):**