**FORM #4: Community Staffing Schedule**

Provider:

Program:

Fiscal Year:

**First Shift Staffing Schedule:**

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| **Position** | **Mon** | **Tues** | **Wed** | **Thurs** | **Friday** | **Sat** | **Sun** |
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**Second Shift Staffing Schedule:**

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| **Position** | **Mon** | **Tues** | **Wed** | **Thurs** | **Friday** | **Sat** | **Sun** |
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**Third Shift Staffing Schedule:**

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| **Position** | **Mon** | **Tues** | **Wed** | **Thurs** | **Friday** | **Sat** | **Sun** |
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