NIGHT SHIFT LUNCH/BREAK SCHEDULE

Lunch Coverage Person _____		Lunch Time		2nd Lunch Coverage Person _____	Refused (caregiver initial)
Caregiver Name		30 MIN		Caregiver Name	
RN1		0020-0050		RN	
RN2		0100-0130		RN	
RN3		0140-0210		RN	
RN4		0220-0250		RN	
RN5		0300-0330		RN	
RN6		0340-0410		RN	
RN7		0420-0450		RN	
RN8		0500-0530		RN	
** **Lunch Coverage RN:** Remember to sign *yourself* up for a lunch break too **					

Caregiver Name		Lunch Time 30 MIN			
CNA1		0030			
CNA2		0100			
CNA3		0130			
CNA4		0200			
CNA5		0230			
CNA6		0300			