

HOPE HOUSE WORK SCHEDULE

FULL-TIME EMPLOYMENT

PART-TIME EMPLOYMENT/SCHOOL

NAME _____
 EMPLOYER _____
 PHONE _____
 SUPERVISOR _____

| DAY | DATE | START | STOP | DAY | DATE | START | STOP |
|-------|------|-------|------|-------|------|-------|------|
| MON | | | | MON | | | |
| TUES | | | | TUES | | | |
| WED | | | | WED | | | |
| THURS | | | | THURS | | | |
| FRI | | | | FRI | | | |
| SAT | | | | SAT | | | |
| SUN | | | | SUN | | | |

TREATMENT (CIRCLE) PRELUDE ST. LUKE'S CMH AA/NA OTHER _____
 TREATMENT COUNSELOR _____

| DAY | DATE | START | STOP | DAY | DATE | START | STOP |
|-------|------|-------|------|-------|------|-------|------|
| MON | | | | MON | | | |
| TUES | | | | TUES | | | |
| WED | | | | WED | | | |
| THURS | | | | THURS | | | |
| FRI | | | | FRI | | | |
| SAT | | | | SAT | | | |
| SUN | | | | SUN | | | |

MEDICAL APPOINTMENTS (Place/Clinic/Phone Number) _____

| Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|-----|------|-----|-------|-----|-----|-----|
| | | | | | | |
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For Public Information Only