



# April 2023

May 2023

Su	Mo	Tu	We	Th	Fr	Sa
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	1	2	3	4	5	6

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Doctor: \_\_\_\_\_

Practice: \_\_\_\_\_

On day needing coverage, please include the following:

- **Hours** start time, end time, arrival time, i.e 8-5, 7:45
- **Lunch** (actual lunch hour, length of break or straight through)
- **Employee type** (HYG, ASST, EDDA or REC)
- **Special instructions or requests** (laser required, SRP, etc.)

Please **email** requests to:  
**bob@aocwork.com**