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|  | **(Name of RCHD)** | | | | | |
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| **Staff Monthly Duty Roster ( / )** (month/year) | | page |  | of |  |

Please indicate the details of roster by symbols: “🗸” (on duty); “🌕” (on leave); “S” (sick leave). For relief staff, please specify the details and name.

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| Name | Daily working hours | No. of daily working hours | 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 |
| Home manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nurse(s)/health worker(s) (please specify the post) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Care worker(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ancillary worker(s) or other rank(s) (please specify the post) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Night shift staff (please specify the post) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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