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| **BJC HealthCare – Entity Abbreviation** | | | | | | | | | | | **Firm** | | | |
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| **Functional Program** | | | | | | | | | | | | | | |
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| **Description of Services/Work:** | | | | | | | | | | | | | | |
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| **Existing Location:** | | | | | | | | | | | | | | |
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| **Staff Flow:** | | | | | | | | | | | | | | |
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| **Visitor Flow:** | | | | | | | | | | | | | | |
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| **Hours of Operation/Shifts/Visiting Hours:** | | | | | | | | | | | | | | |
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|  | | | Mon. | | Tues. | Wed. | | Thurs. | | Fri. | | | Sat. | Sun. |
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| **Number of Staff per Shift and Job Descriptions:** | | | | | | | | | | | | | | |
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| **Based on Busiest Shift:** | | | | | | | | | | | | | | |
| Name | | | | Title | | | Computer Use - % of Shift | | | | | Dedicated or Touch-Down? | | |
| Departmental Staff | | | | | | | | | | | | | | |
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| Ancillary Staff | | | | | | | | | | | | | | |
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| **Key Adjacencies:** | | | | | | | | | | | | | | |
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|  | | Internal: | | | | | | | | | | | | |
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|  | | External: | | | | | | | | | | | | |
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| **Communication/Information Systems:** | | | | | | | | | | | | | | |
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| **Education or Training Initiatives:** | | | | | | | | | | | | | | |
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| **Anticipated Changes/Trends:** | | | | | | | | | | | | | | |
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| **Additional Design Criteria/Considerations:** | | | | | | | | | | | | | | |
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| This document represents the agreement on the functional information provided by you: | | | | | | | | | | | | | | |
| Sign: | | | | | | | | | Date: | | | | | |
| Sign: | | | | | | | | | Date: | | | | | |
| Administrator: | | | | | | | | | Date: | | | | | |