Nursing Management Report
(Due prior to monthly, quarterly, or annual budget meetings)

Unit: ___________________________ Month(s): ___________________________
Cost Center: ______________________ Pay Periods: _______________________

1. Appointments

Booked: __________________________ Arrived: __________________________

2. Orientation Hours (Obtained from NCH payroll report)

RN: ___________ LVN: ___________ NA: ___________ NT: ___________

3. Resource Pool

Hours worked: ______________________

4. Overtime (Obtained from FTE or payroll register report)

Number of OT hours: ______________ OT as % of hours worked: ______________

5. In-services on Unit:

6. Attendance at Regional or National Seminars or Conventions:

7. Number Employed

RNs: _______________ LVNs: _______________ Nursing Aides: _______________

8. Nursing Positions Open in the Department:

_________________________________ Nurse Manager Signature

_________________________________ Date