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| --- | --- |
| **BJC HealthCare – Entity Abbreviation** | **Firm** |
|  | (firm) Project No. xxx |
| Project Name / EA# | Date |
| Department Name |  |
|  |
| **Functional Program** |
|  |
| **Description of Services/Work:** |
|  |
|  |
|  |
| **Existing Location:** |
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|  |
|  |
| **Staff Flow:** |
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|  |
|  |
| **Visitor Flow:** |
|  |
|  |
|  |
| **Hours of Operation/Shifts/Visiting Hours:** |
|  |
|  | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |
| **Number of Staff per Shift and Job Descriptions:**  |
|  |
| **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:** |
|  |
|  | Internal: |
|  |  |
|  | External: |
|  |  |
|  |
| **Communication/Information Systems:** |
|  |
|  |
| **Education or Training Initiatives:** |
|  |
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|  |
| **Anticipated Changes/Trends:** |
|  |  |
|  |
| **Additional Design Criteria/Considerations:** |
|  |
|  |
|  |
| This document represents the agreement on the functional information provided by you: |
| Sign: | Date: |
| Sign: | Date: |
| Administrator: | Date: |