

WAYPOINT CENTRE for MENTAL HEALTH CARE

AVAILABILITY SHEET

Schedule Date: **February 15, 2027**

TO: March 28, 2027

NAME:			Please (click):	Full Time	Part time	Casual
Program:			Skill (click):	RN	RPN	PCA OSW
Contact Number:			Contact Email:			
Split Shifts (circle): Yes No			Max hrs per Pay Period: _____ (For PT: minimum 24 hrs per week)			

E-mail: StaffingOffice@waypointcentre.ca

Availability must be received by: January 11, 2027

PLEASE NOTE: Availability should be submitted by due date after the **24 hour** schedule is posted. Please mark only the dates and times that you are **AVAILABLE** to be scheduled for. If you do not submit your availability by the date indicated, you will only be scheduled the **24 hours previously scheduled**.

[illegible][illegible][illegible][illegible]

Two additional weeks on back

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AVAILABILITY SHEET

MONDAY Mar 15		TUESDAY Mar 16		WEDNESDAY Mar 17		THURSDAY Mar 18		FRIDAY Mar 19		SATURDAY Mar 20		SUNDAY Mar 21	
	7 to 11		7 to 11		7 to 11		7 to 11		7 to 11		7 to 11		7 to 11
	11 to 15		11 to 15		11 to 15		11 to 15		11 to 15		11 to 15		11 to 15
	15 to 19		15 to 19		15 to 19		15 to 19		15 to 19		15 to 19		15 to 19
	19 to 23		19 to 23		19 to 23		19 to 23		19 to 23		19 to 23		19 to 23
	23 to 7		23 to 7		23 to 7		23 to 7		23 to 7		23 to 7		23 to 7
	All Day		All Day		All Day		All Day		All Day		All Day		All Day

MONDAY Mar 22		TUESDAY Mar 23		WEDNESDAY Mar 24		THURSDAY Mar 25		FRIDAY Mar 26 (H)		SATURDAY Mar 27		SUNDAY Mar 28	
	7 to 11		7 to 11		7 to 11		7 to 11		7 to 11		7 to 11		7 to 11
	11 to 15		11 to 15		11 to 15		11 to 15		11 to 15		11 to 15		11 to 15
	15 to 19		15 to 19		15 to 19		15 to 19		15 to 19		15 to 19		15 to 19
	19 to 23		19 to 23		19 to 23		19 to 23		19 to 23		19 to 23		19 to 23
	23 to 7		23 to 7		23 to 7		23 to 7		23 to 7		23 to 7		23 to 7
	All Day		All Day		All Day		All Day		All Day		All Day		All Day

Date Received: _____