WAYPOINT CENTRE for MENTAL HEALTH CARE
AVAILABILITY SHEET

Schedule Date: **December 9, 2024** **TO:** **January 19, 2025**

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, your Clinical Manager and cc your Unit Clerk

Availability must be received by: November 4, 2024

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 schedul the 24 hours previously scheduled.

MONDAY Oct 12 (H)	TUESDAY Oct 13	WEDNESDAY Oct 14	THURSDAY Oct 15	FRIDAY Oct 16	SATURDAY Oct 17	SUNDAY Oct 18
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 Oct 19	TUESDAY Oct 20	WEDNESDAY Oct 21	THURSDAY Oct 22	FRIDAY Oct 23	SATURDAY Oct 24	SUNDAY Oct 25
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 Oct 26	TUESDAY Oct 27	WEDNESDAY Oct 28	THURSDAY Oct 29	FRIDAY Oct 30	SATURDAY Oct 31	SUNDAY Nov 1
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 Nov 2	TUESDAY Nov 3	WEDNESDAY Nov 4	THURSDAY Nov 5	FRIDAY Nov 6	SATURDAY Nov 7	SUNDAY Nov 8
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

Two additional weeks on back

WAYPOINT CENTRE for MENTAL HEALTH CARE
AVAILABILITY SHEET

MONDAY Nov 9	TUESDAY Nov 10	WEDNESDAY Nov 11(H)	THURSDAY Nov 12	FRIDAY Nov 13	SATURDAY Nov 14	SUNDAY Nov 15
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 Nov 16	TUESDAY Nov 17	WEDNESDAY Nov 18	THURSDAY Nov 19	FRIDAY Nov 20	SATURDAY Nov 21	SUNDAY Nov 22
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: _____