

WAYPOINT CENTRE for MENTAL HEALTH CARE

AVAILABILITY SHEET

Schedule Date: September 29, 2025 **TO:** November 9, 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: August 25, 2025

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**.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Sept 29	Sept 30	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5
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	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Oct 6	Oct 7	Oct 8	Oct 9	Oct 10	Oct 11	Oct 12
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	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Oct 13 (H)	Oct 14	Oct 15	Oct 16	Oct 17	Oct 18	Oct 19
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	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Oct 20	Oct 21	Oct 22	Oct 23	Oct 24	Oct 25	Oct 26
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		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
Oct 27		Oct 28		Oct 29		Oct 30		Oct 31		Nov 1		Nov 2	
	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		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
Nov 3		Nov 4		Nov 5		Nov 6		Nov 7		Nov 8		Nov 9	
	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: _____