WAYPOINT CENTRE for MENTAL HEALTH CARE
AVAILABILITY SHEET

Schedule Date: **September 16, 2024**   **TO:**   **October 27, 2024**

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 12, 2024**

<u>PLEASE NOTE</u>:   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 schedule[d]
the **24 hours previously scheduled**.

MONDAY Sept 16	TUESDAY Sept 17	WEDNESDAY Sept 18	THURSDAY Sept 19	FRIDAY Sept 20	SATURDAY Sept 21	SUNDAY Sept 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

MONDAY Sept 23	TUESDAY Sept 24	WEDNESDAY Sept 25	THURSDAY Sept 26	FRIDAY Sept 27	SATURDAY Sept 28	SUNDAY Sept 29
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 Sept 30	TUESDAY Oct 1	WEDNESDAY Oct 2	THURSDAY Oct 3	FRIDAY Oct 4	SATURDAY Oct 5	SUNDAY Oct 6
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 7	TUESDAY Oct 8	WEDNESDAY Oct 9	THURSDAY Oct 10	FRIDAY Oct 11	SATURDAY Oct 12	SUNDAY Oct 13
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

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MONDAY Oct 14 (H)		TUESDAY Oct 15		WEDNESDAY Oct 16		THURSDAY Oct 17		FRIDAY Oct 18		SATURDAY Oct 19		SUNDAY Oct 20
	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 21		TUESDAY Oct 22		WEDNESDAY Oct 23		THURSDAY Oct 24		FRIDAY Oct 25		SATURDAY Oct 26		SUNDAY Oct 27
	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: _____