WAYPOINT CENTRE for MENTAL HEALTH CARE
AVAILABILITY SHEET

Schedule Date: **November 23, 2026** **TO:** **January 3, 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: October 19, 2026

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 Nov 23	TUESDAY Nov 24	WEDNESDAY Nov 25	THURSDAY Nov 26	FRIDAY Nov 27	SATURDAY Nov 28	SUNDAY Nov 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 Nov 30	TUESDAY Dec 1	WEDNESDAY Dec 2	THURSDAY Dec 3	FRIDAY Dec 4	SATURDAY Dec 5	SUNDAY Dec 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 Dec 7	TUESDAY Dec 8	WEDNESDAY Dec 9	THURSDAY Dec 10	FRIDAY Dec 11	SATURDAY Dec 12	SUNDAY Dec 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

MONDAY Dec 14	TUESDAY Dec 15	WEDNESDAY Dec 16	THURSDAY Dec 17	FRIDAY Dec 18	SATURDAY Dec 19	SUNDAY Dec 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

Two additional weeks on back

WAYPOINT CENTRE for MENTAL HEALTH CARE
AVAILABILITY SHEET

MONDAY Dec 21	TUESDAY Dec 22	WEDNESDAY Dec 23	THURSDAY Dec 24	FRIDAY Dec 25(H)	SATURDAY Dec 26(H)	SUNDAY Dec 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

MONDAY Dec 28	TUESDAY Dec 29	WEDNESDAY Dec 30	THURSDAY Dec 31	FRIDAY Jan 1 (H)	SATURDAY Jan 2	SUNDAY Jan 3
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: _____