

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 scheduled the **24 hours previously scheduled**.

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
Dec 9		Dec 10		Dec 11		Dec 12		Dec 13		Dec 14		Dec 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		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
Dec 16		Dec 17		Dec 18		Dec 19		Dec 20		Dec 21		Dec 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		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
Dec 23		Dec 24		Dec 25 (H)		Dec 26 (H)		Dec 27		Dec 28		Dec 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		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
Dec 30		Dec 31		Jan 1 (H)		Jan 2		Jan 3		Jan 4		Jan 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

Two additional weeks on back

WAYPOINT CENTRE for MENTAL HEALTH CARE

AVAILABILITY SHEET

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
Jan 6		Jan 7		Jan 8		Jan 9		Jan 10		Jan 11		Jan 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	
Jan 13		Jan 14		Jan 15		Jan 16		Jan 17		Jan 18		Jan 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

Date Received: _____