 Staff Availability Form

**Date of Submission:** Click here to enter a date. **For Pay Period Beginning: Click here to enter a date.**

**Name:**  **Position:** **[ ]  RN** **[ ]  RPN** **[ ]  Clerk** **[ ]  Other**

**Department/Unit:**

**To indicate your availability for shifts, please choose a date (click on ‘date’ and a calendar will drop) then indicate your availability in the appropriate column. One ‘click’ in the shift’s cell in AV column will insert a ‘✓’ indicating you are available for that shift. One ‘click’ in the shift’s cell in NA column will insert an ‘x’ indicating you are not available for that particular shift.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **date** | **date** | **date** | **date** | **date** | **date** | **date** | **date** | **date** | **date** | **date** | **date** | **date** | **date** |
| **SHIFT** | **AV** | **NA** | **AV** | **NA** | **AV** | **NA** | **AV** | **NA** | **AV** | **NA** | **AV** | **NA** | **AV** | **NA** | **AV** | **NA** | **AV** | **NA** | **AV** | **NA** | **AV** | **NA** | **AV** | **NA** | **AV** | **NA** | **AV** | **NA** |
| **D8** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **D12** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **E** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **N8** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **N12** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Comment:

Send completed form to staffingoffice2@lakeridgehealth.on.ca or FAX to # (905) 743-5305