



October 2009

Special note to the Scheduler:

Name: _____

Phone: _____

CALENDAR DUE:

Sept. 15, 2009

X the squares on the dates you are unable to work. *You must be available for a minimum of 8 shifts a month.

				1	2	3	
	SUN	MON	TUE	WED	THU	FRI	SAT
Morning							
Afternoon							
Evening							

4	5	6	7	8	9	10
SUN	MON	TUE	WED	THU	FRI	SAT

	11	12	13	14	15	16	17
	SUN	MON	TUE	WED	THU	FRI	SAT
Morning							
Afternoon							
Evening							

18	19	20	21	22	23	24
SUN	MON	TUE	WED	THU	FRI	SAT

	25	26	27	28	29	30	31
	SUN	MON	TUE	WED	THU	FRI	SAT
Morning							
Afternoon							
Evening							

SUN	MON	TUE	WED

Please hand in calendar to Duty Manager on shift or email to sabrina.marino@gov.ab.ca or kath.orr@gov.ab.ca

Staff Phone Line: 297-8013 Fax: 297-3818

*If you are unable to meet your minimum availability requirements, you MUST contact the **Manager, Front of House Services, Kim Smith**, before, September 15, 2009.

Phone: 297-8018

