

**Facility Name:** Western Hospital  
**Department:** Inpatient  
**Position to fill:** Occupational Therapist

**Contact:** Courtney Perry - Scheduler  
**Contact Info:** [cfperry@ihis.org](mailto:cfperry@ihis.org) or 902-853-8665

Western Hospital							
Day	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Date	10-May	11-May	12-May	13-May	14-May	15-May	16-May
Shift		D8	D8	D8	D8	D8	
Day	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Date	17-May	18-May	19-May	20-May	21-May	22-May	23-May
Shift		D8	D8	D8	D8	D8	
Day	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Date	24-May	25-May	26-May	27-May	28-May	29-May	30-May
Shift		D8	D8	D8	D8	D8	
Day	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Date	31-May	1-Jun	2-Jun	3-Jun	4-Jun	5-Jun	6-Jun
Shift		D8	D8	D8	D8	D8	
Day	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Date	7-Jun	8-Jun	9-Jun	10-Jun	11-Jun	12-Jun	13-Jun
Shift		D8	D8	D8	D8	D8	
Day	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Date	14-Jun	15-Jun	16-Jun	17-Jun	18-Jun	19-Jun	20-Jun
Shift		D8	D8	D8	D8	D8	