



Sun & Surf

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Shift Change Form

Shift to be covered:

Beach/Pool: _____ **Date:** _____ **Hours/shift:** _____

Employee scheduled for shift: _____

Employee covering shift: _____

Reason for change: _____

Employee Signature: _____ Date: _____

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

APPROVED

DENIED Reason: _____

Note: This form must be submitted to the onsite manager 3 days prior to the date the shift change is needed.