



Shift Change Request

Employee Requesting Shift Change _____ Date: _____
Last First

Department: _____ Location: _____

Signature of Requesting Employee: _____
Signature indicates Employee's understanding of the corporate management policy regarding shift change requests.

Date(s) of Change Request: _____

Employee Agreeing to Shift Change: _____
Last First

Department: _____

Signature of Employee Agreeing to Shift Change: _____
Signature indicates Employee's understanding of the corporate management policy regarding Shift Change Request.

Approved Disapproved _____
Reason

Schedule Changes Made _____
Manager's Initials

Manager: _____ Date: _____

Employer: _____ Date: _____

Instructions:

- Please submit requests as far in advance as possible/practical in the situation.
- Employee requesting the shift change must ensure that the entire form is filled out including information required by the Employee that is agreeing to the shift change.
- Submittal of this Shift Change Request does not guarantee the schedule change is approved. Only when this form has been completed by the appropriate levels of management will the shift change be granted.
- Once final approval has been granted, the Shift Change Agreement is binding on both employees.