

Shift Swap Form

Purpose

This form is to be used whenever an employee is requesting to switch shifts with another employee.

Procedure

- a. Employee 1 is the person requesting to swap; Employee 2 is the person agreeing to the swap.
 - b. Both employees must agree and sign form before it can be approved by the TMC Supervisor.
 - c. Once agreed upon and approved by TMC Supervisor, both parties are responsible in covering requested shift(s).
 - d. Shift Swap request must not result in an employee working over 16 consecutive hours.
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Employee Name 1: _____ **Date:** _____

Current Shift: _____ **Requested Shift:** _____

Signature: _____

Employee Name 2: _____ **Date:** _____

Current Shift: _____ **Requested Shift:** _____

Signature: _____

Reason: _____

Approval/Denial

- ☐ Approved
- ☐ Denied

Supervisor: _____ **Date:** _____