

TEMPORARY SHIFT CHANGE REQUEST FORM

Be sure to check your handbook for eligibility and guidelines for making a shift change.

REQUESTING TEAM MEMBERS:

TEAM MEMBER _____ HIRE DATE _____ CURRENT DEPT _____

TEAM MEMBER _____ HIRE DATE _____ CURRENT DEPT _____

DURATION OF THE CHANGE:

FROM _____ TO _____

REQUIRED REASON FOR SHIFT CHANGE REQUEST IN CONSECUTIVE (BACK TO BACK) CASES.
FOR SENIOR MANAGEMENT REVIEW.

TEAM MEMBER APPROVALS:

TEAM MEMBER _____ DATE _____

TEAM MEMBER _____ DATE _____

TEAM MEMBER REFUSALS
(IF BEFORE THE SCHEDULE DATE)

TEAM MEMBER _____ DATE _____

TEAM MEMBER _____ DATE _____

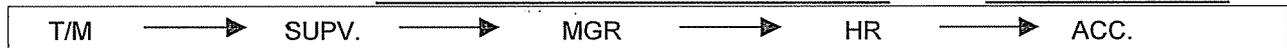
SUPERVISOR APPROVAL _____ DATE _____

SUPERVISOR APPROVAL _____ DATE _____

MANAGER APPROVAL _____ DATE _____

HR MANAGER APPROVAL _____ DATE _____

MGT REVIEW APPROVAL _____ DATE _____



Revised 1/23/08