

Rota Shift Swap Form

This form must be completed in full and signed by all people involved in the swap.

Please return this form to Penny Hardman, Penny.Hardman@gov.im for final approval.

Once this form has been approved, you are obliged to carry out the swap.

Directorate: _____ **Staff Grade:** _____

Date of Shift Swap FROM	Date of Shift Swap TO	Shift Type	Name of Doctor originally working the shift	Name of Doctor who has agreed to work shift

☐ Tick to confirm that your duties will not be affected by this swap and that you have checked that the swap will still be in line with the EWTD and New Deal regulations.

Requesting Trader

Print Name: _____ Signature _____

Agreeing Trader

Print Name: _____ Signature _____

Clinical Supervisor

APPROVED / NOT APPROVED Signature _____ Date: _____

Rota Co-Ordinator

APPROVED / NOT APPROVED Signature _____ Date: _____

Medical Education Manager

APPROVED / NOT APPROVED Signature _____ Date: _____