

Shift Exchange Request Form

Employee Information

- Requesting Employee Name: _____
- Swapping Shift With (Employee Name): _____
- Current Shift: _____
- Requested Shift: _____

Shift Exchange Details

Employee Name	Current Shift	Requested Shift	Manager Approval <input type="checkbox"/>
Requestor			
Swap Partner			

Reason for Shift Exchange

Please select the reason for the shift exchange:

- Medical Appointment
- Family Obligation
- Personal Event
- Other (please specify): _____

Agreement

Both employees agree to the shift exchange and understand its impact on their schedules.

- Requesting Employee Signature: _____
- Swapping Employee Signature: _____
- Date: _____

Manager Approval

- Approved: Yes No
- Manager Signature: _____
- Date: _____