

Employee Shift Swap Form

Template Word

Requestor Information

- Employee Name: _____
- Employee ID: _____
- Department: _____
- Supervisor's Name: _____

Shift Details

- Original Shift:
 - Date: _____
 - Start Time: _____
 - End Time: _____
- Requested Shift Change:
 - Date: _____
 - Start Time: _____
 - End Time: _____

Reason for Shift Change

- Personal Obligation
- Medical Emergency
- Schedule Conflict
- Other: _____

Approval & Authorization

- Manager Approval: Approved Denied

- **Manager's Comments:** _____

Signatures

- **Employee Signature:** _____ **Date:** _____
- **Replacement Employee Signature:** _____ **Date:** _____
- **Manager Signature:** _____ **Date:** _____