

Employee Shift Swap Request Form

Employee Information

- Employee Requesting Shift Swap: _____
- Employee Swapping Shift With: _____
- Department: _____
- Position: _____

Shift Swap Details

- Original Shift Date: _____
- Original Shift Time: _____
- New Shift Date: _____
- New Shift Time: _____

Reason for Request

- Reason for Shift Swap: _____
- Additional Comments: _____

Approval Section

- Manager's Name: _____
- Manager's Decision: Approved Denied
- Manager's Comments: _____

Signatures

- Employee 1 Signature: _____ Date: _____
- Employee 2 Signature: _____ Date: _____
- Manager's Signature: _____ Date: _____