**Nursing Employee Shift Swap Form**

### **Employee Details**

* **Nurse Requesting Swap: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Unit/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Shift Leader/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **Shift Swap Information**

* **Current Scheduled Shift:**
	+ **Date: \_\_\_\_\_\_\_\_\_\_**
	+ **Start Time: \_\_\_\_\_\_\_\_\_\_**
	+ **End Time: \_\_\_\_\_\_\_\_\_\_**
* **New Requested Shift:**
	+ **Date: \_\_\_\_\_\_\_\_\_\_**
	+ **Start Time: \_\_\_\_\_\_\_\_\_\_**
	+ **End Time: \_\_\_\_\_\_\_\_\_\_**

### **Reason for Shift Swap**

* **Work-Life Balance ☐**
* **Health Issue ☐**
* **Education or Training ☐**
* **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **Confirmation & Authorization**

* **Colleague Covering Shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Colleague Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**
* **Charge Nurse Approval: ☐ Approved ☐ Denied**
* **Charge Nurse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**