

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: _____