



SHIFT ACTION FORM

Purpose

This form is to be used whenever an employee is requesting to exchange a shift.

Procedure

Employees are permitted to request a shift exchange. The exchange must occur within a 7-day period and is not *guaranteed*. The employee's Supervisor and Scheduler must approve shift exchange and it will only be approved if the schedule does not create overtime for either employee.

Employee Name: _____ **Date:** _____

Current Shift: _____ **Requested Trade:** _____

Reason for Shift Exchange:

- School*
- Scheduling Conflicts*
- Babysitting Issues*
- Personal*
- Other :* _____

Employee Signature: _____

Signature of person you are trading with: _____

Approval/Denial

Approved

Denied

Supervisor: _____

Date: _____

Scheduler: _____

Date: _____