



SHIFT Change Request

Purpose

This form is to be used whenever an employee is requesting to change shifts.

Procedure

Employees are permitted to request a shift change once per year and must give scheduling at least a 2-week notice. No shift change is *guaranteed* and will **only** be granted to those employees who have a good attendance record along with excellent job performance/behavior. The employee's Supervisor, General Manager and Human Resources must approve shift changes. By signing this form the employee acknowledges that another shift change will not be permitted for 6 months.

Employee Name: _____ Date: _____

Current Shift: _____ Requested Shift: _____

Reason for Shift Change:

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

Approval/Denial

Approved

Denied

Supervisor: _____

Date: _____

General Manager: _____

Date: _____

Human Resources: _____

Date: _____

Date of Change: _____