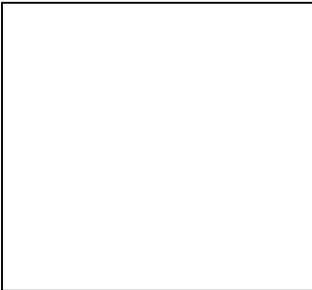




# Request for Exchange of Shift



*This form is to be completed and signed by both employees who are requesting a shift exchange*

***THIS FORM MUST BE APPROVED BY THE AUTHORIZING MANAGER BEFORE THE DATE(S) OF EXCHANGE***

*It is the understanding of both persons named below that this exchange of shifts will not result in added costs to the Employer*

↑  
Employees are to Fill out this Section  
↓

#1

**Employee First & Last Name:** \_\_\_\_\_ **Employee #:** \_\_\_\_\_

**Worksite / Unit:** \_\_\_\_\_ **Shift:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Collective Agreement:**  Community  Facilities  Nurses  Paramedical  
(select one)

**Scheduled to work** (date/hours/shift(s)) \_\_\_\_\_

**Trading to** (date/hours/shift(s)) \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_ (dd-month-yy)

#2

**Employee First & Last Name:** \_\_\_\_\_ **Employee #:** \_\_\_\_\_

**Worksite / Unit / Shift:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Collective Agreement:**  Community  Facilities  Nurses  Paramedical  
(select one)

**Scheduled to work** (date/hours/shift(s)) \_\_\_\_\_

**Trading to** (date/hours/shift(s)): \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_ (dd-month-yy)

Manager

**Exchange is Approved:**  Yes  No

**Authorizing Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_  
Please Print

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ (dd-month-yy)

**Staffing Office / Timekeeper use only:**

\_\_\_\_\_  
\_\_\_\_\_