SHIFT CHANGE FORM

Purpose: This form is to be used whenever an employee is covering a day outside of their designated schedule.

Procedure: Employee must sign the form agreeing to the additional shift before the manager approves.

Date Requested: _____ Shift Date: _____

Scheduled Employee: _____

Employee covering shift: _____

Reason for change:

_____
_____
_____
_____

Employee Signature: _____Date: _____

Employee Signature: _____Date: _____

Manager Signature: _____Date: _____

□ Approved

□ Denied Reason: _____

NOTE: This form must be completed and submitted to the Manager 3 days prior to the date the shift change is needed