

# DAILY SWITCHES

*Please Print Clearly*

Incomplete forms will be DENIED

**\*\* PLEASE CIRCLE ONE \*\***

☒ DAY/DAY SWITCH      GIVEAWAY/PICKUP

TIME SWITCH

PIT SWITCH

## DEPARTMENT

- |   |                                     |  |
|---|-------------------------------------|--|
| <input checked="" type="checkbox"/> DEALERS | <input type="checkbox"/> USHERS     | <input type="checkbox"/> MALE RESTROOM CLEANER   |
| <input type="checkbox"/> FLOOR SUPS         | <input type="checkbox"/> JANITORS   | <input type="checkbox"/> FEMALE RESTROOM CLEANER |
| <input type="checkbox"/> SLOT SUPS          | <input type="checkbox"/> SLOT TECHS | <input type="checkbox"/> SLOT ATTENDANTS         |

## FOR OFFICE USE ONLY

CONFIRM #: \_\_\_\_\_

CLERKS INIT'S: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Kronos    | <input type="checkbox"/> NG adjusted for P/U    |
| <input type="checkbox"/> Excel/PDF | <input type="checkbox"/> NG adjusted for ushers |

MGMT – PTO      ☐ PAID      ☐ UNPAID

I, AMANDA R LAGACE      7555  
FIRST & LAST NAME      ID #

☒ FT  
FT-UT  
PT

will work for

JEFFREY J ARQUETTE      2907  
FIRST & LAST NAME      ID #

☒ FT  
FT-UT  
PT

On, Wednesday      2023-01-04  
DAY OF WEEK - MONTH & DATE

2PM - 10PM  
SHIFT START & END TIME

Scheduled in  
PK room  
☒

6am CRAPS  
Mon-Fri  
☐

I, JEFFREY J ARQUETTE      2907  
FIRST & LAST NAME      ID #

FT  
FT-UT  
PT

will work for

AMANDA R LAGACE      7555  
FIRST & LAST NAME      ID #

FT  
FT-UT  
PT

On, Saturday      2023-01-07  
DAY OF WEEK - MONTH & DATE

4AM - 12PM  
SHIFT START & END TIME

Scheduled in  
PK room  
☒

6am CRAPS  
Mon-Fri  
☐

BOTH PARTY'S SIGNATURE, I.D. # AND PHONE NUMBER

1. \_\_\_\_\_ ( 226 ) 280 - 7047
2. \_\_\_\_\_ ( 519 ) 258 - 7878

## PLEASE PRINT CLEARLY

All changes/corrections to this document **MUST** be initialed by both employees or it will be denied.

**ONLY ONE (1) GIVEAWAY PER SHEET**

All switches must be submitted to Gaming Admin Office at least 48 hours before the shift.

**A SHIFT MANAGER'S SIGNATURE IS REQUIRED FOR ALL LATE SWITCHES**

(Late switches are NOT guaranteed – it is the employee's responsibility to ensure switch has been approved)

Manager Name & I.D. #: \_\_\_\_\_ Signed: \_\_\_\_\_ Reason: \_\_\_\_\_  
Please Print