

DAILY SWITCHES

Please Print Clearly

Incomplete forms will be DENIED

**** PLEASE CIRCLE ONE ****

DAY/DAY SWITCH GIVEAWAY/PICKUP

TIME SWITCH PIT SWITCH

DEPARTMENT

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input 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, _____ ID # _____ will work for _____ ID # _____
FIRST & LAST NAME ID # FIRST & LAST NAME ID #

FT
FT-UT
PT

FT
FT-UT
PT

On, _____ DAY OF WEEK - MONTH & DATE SHIFT START & END TIME

Scheduled in
PK room
☐

6am CRAPS
Mon-Fri
☐

I, _____ ID # _____ will work for _____ ID # _____
FIRST & LAST NAME ID # FIRST & LAST NAME ID #

FT
FT-UT
PT

FT
FT-UT
PT

On, _____ DAY OF WEEK - MONTH & DATE SHIFT START & END TIME

Scheduled in
PK room
☐

6am CRAPS
Mon-Fri
☐

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

1. _____ () - _____
2. _____ () - _____

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