**Shift Swap Request Form**

To be completed by both employees and signed by a manager.

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| --- | --- | --- | --- |
| **Employee Name 1:** |  | **Employee Name 2:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Shift date:** |  | **Shift date:** |  |
| **Start time:** |  | **Start time:** |  |
| **End time:** |  | **End time:** |  |

**Employee 1 signature:**

|  |
| --- |
|  |

**Employee 2 signature:**

|  |
| --- |
|  |

N.B. Forms must be signed by employees for requests to be considered.

**For managerial use:**

|  |  |
| --- | --- |
| Approved by: |  |
| Signed by: |  |
| Date: |  |