



NURSING SERVICES

REQUEST TO CHANGE ROSTERED SHIFT

Name : _____

Ward : _____

I wish to change / swap my rostered shift on:

<p style="text-align: right;">From :</p> <p>Date : AM</p> <p style="text-align: right;">PM</p> <p style="text-align: right;">ON</p>	<p style="text-align: right;">To :</p> <p>Date : AM</p> <p style="text-align: right;">PM</p> <p style="text-align: right;">ON</p>
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My colleague : has agreed to this change.

Signature :
(Requesting Staff)

Signature :
(Accepting Staff)

Date :

Date :

Approved By :

Approved By :

Date :

Request for a change to the released roster must be made to the CNO/ Deputy CNO/ UM 24hrs prior to shift commencement. Request to the afternoon or weekend UM on call should only be made in exceptional circumstances.

The CNO/ Deputy CNO/ UM may grant/ deny the request.

The Manager approving the request shall document and acknowledge the changes on the Ward/ Unit roster.