**SHIFT SWAP FORM**

Please see reverse for rules of usage of this form.

Requested Shift Swap Off

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Staff | Name & ID No. | Position | Date Swap Start  From | Date Swap Ends | Total Number of Shifts |  | CHK |
| **A** |  |  |  |  |  | **If this is approved, you will then be off duty on these days and cover of these shifts is provided by staff member B** |  |
| **Shift Swap Reason** | |  | | | | | |
| **Staff Name (B) Covering:** | |  | | | | | |

Repayment

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Staff | Name & ID No. | Position | Date Swap Start  From | Date Swap Ends | Total Number of Shifts |  | CHK |
| **B** |  |  |  |  |  | **If this is approved you will then be off duty on these days and cover of these shifts is provided by staff member A** |  |
| **Staff Name (A) Covering:** | |  | | | | | |

Transport

|  |  |
| --- | --- |
| What transport arrangements will you use to move between bases if required? |  |

Signature of agreement to roster changes by staff member A: Date .

Signature of agreement to roster changes by staff member B: Date .

**Manager & Area Lead / Team Leader Use Only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Roster Checked By Area Lead / Team Leader** | | **Approved By Area Lead** | **Approved By Manager** | **Roster Updated & Staff Informed** |
| Is Shift Swap Possible ?  YES  NO | Has EMT exceeded number of Shift Swaps ?  YES  NO | Name, Date & Signature of Approving Area Lead | Name, Date & Signature of Approving Manager | Name, Date & Signature of Area Lead / Team Leader |

APPROVED / REJECTED

Rules for use of Shift Swap

1. Applications for Shift Swap must be submitted to the Area Lead / Team Leader a minimum of **Four** days in advance.

* (unless Manager level approval).

1. Staff can apply for unlimited single day shift swap
2. Once every 6 months staff can use 4 shift swaps consecutively. (Two separate full blocks swap are permitted per year)
3. Using 4 shift swaps consecutively and any other shift swaps in the same month are not permitted.

* No further shift swap should be granted if the staff is Using 4 shift swaps consecutively within the same month.

1. If you are using your 4 shift swaps (full block) to leave the country you must provide your line manager with flight details showing you will be back inside the country at least 24 hours before the start of your next duty.
2. No shift swap approval is final until it is updated and appears on Kronos.
3. Similar to Annual Leave - There will be a limited number of staff who can be on shift swap at any one time. This will depend on the numbers per area.
4. Availing of the 4 shift swaps consecutively will be only available to staff who meet the following criteria (reward system) and will be approved on a case by case basis by Line Manager:

*Criteria:*

* *Staff must not have had any disciplinary action in the previous 3 months*
* *Staff must have sick leave “Band 1” for the previous 3 months*
* *Staff must not have had any unauthorized absences in the previous 3 months*
* Staff must not have had any “lateness” in the previous 3 months

1. Shift Swap repayment must be completed within the same Quarter
2. Shift Swap requests are not valid unless they are approved by Area leads and updated on Kronos.
3. Operations Manager sign and approve shift swap routinely
4. Shift swaps must be one for one this means no 3 way swapping and no swapping of shifts with someone already on a shift swap
5. No staff will be permitted to transfer to another NE Area or contract unless they have repaid all owed shift swaps.
6. If because of the swap an individual is required to move bases the transportation will be down to the individual and not the responsibility of National Ambulance.
7. You CANNOT use shift swaps to extend any type of Leave – i.e. No shift swap connected to annual leave.
8. The person who is covering the shift swap must not have other National Ambulance work commitments, i.e. on call etc.
9. Shift Swaps are only approved when you receive confirmation from Area Lead/ Team Leader that the roster is updated.
10. If staff do not show for work on a shift swap it will be treated as an absence and disciplinary action will follow.
11. It is the responsibility of the person requesting the swap to seek someone to swap with them.
12. Once a person has been sought to swap with them the shift swap form must be completed and signed by both parties.
13. The shift swap form is handed to the area lead who checks if the swap doesn’t interfere with the operations requirements as well as the eligibility of the applicants. Then Area leads can approve and update Kronos accordingly.
14. Whoever found to be abusing the system of shift swap, he /she will be losing the above-mentioned privilege.(black listed)
15. Grey areas are for office use only.