**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 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 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 **THREE** weeks in advance. (unless Manager level approval).
2. Once every 12 months staff can carry 2 shift swaps from 1 quarter to the next quarter so they can use 4 shift swaps consecutively.
3. Using 4 shift swaps consecutively and any other shift swaps in the same quarter is not permitted.
4. If you are using your shift swaps 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.
5. No shift swap approval is final until it is updated and appears on Kronos.
6. If staff do not show for work on a shift swap it will be treated as an absence and disciplinary action will follow.
7. Similar to Annual Leave - There will be a limit to the number of staff who can be on shift swap at any one time. This will depend on the numbers per area.
8. 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
9. Shift Swap repayment must be completed within the same Quarter
10. Shift Swap requests are not valid unless they are approved by Operations Manager
11. No unauthorised Shift Swaps are to occur.
12. 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
13. The repayment for the shift swap must not be financial and must be time for time.
14. No staff will be permitted to transfer to another NE Area or contract unless they have repaid all owed shift swaps.
15. If as a result 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.
16. Neither party swapping shift can be on a shift swap.
17. You CANNOT use shift swaps to extend any type of Leave
18. The maximum number of shift swaps allowed (including repayments) is 2 in any 4 day off period
19. The person who is covering the shift swap must not have other National Ambulance work commitments, i.e. on call etc.
20. Grey areas are for office use only
21. Shift Swaps are only approved when you receive confirmation from Area Lead / Team Leader that roster is updated

Criteria:

* Staff must not have had any disciplinary action in the previous 12 months
* Staff must have sick leave “Band 1” for the previous 6 months
* Staff “DOR” status must be GREEN at time of application (Staff to provide printed copy of GREEN status from LMS with shift swap application form)
* Staff must not have had any unauthorized absences in the previous 12 months
* Staff must not have had any “lateness” in previous 6 months