



CABRA-VALE DIGGERS

SHIFT SWAP / GIVE AWAY REQUEST FORM

CAMPBELLTOWN RSL
PART OF CABRA-VALE DIGGERS**Instructions:**

- Both employees are required to fill out their details and ensure that all information is accurate.
- Both employees need to be present when filling out the form and sign to confirm their agreement.
- Submit this form to the Duty Manager for processing and approval.
- Confirm with the Duty Manager whether the shift swap/giveaway has been approved and check your updated roster in UKG system.

Terms of Agreement

By signing this document in the below sections, both employees agree to the shift swap/ give away as stated and acknowledge their responsibility for covering the new shifts. Both employees confirm this swap/ give away does not impact their work hours or schedule compliance.

*DISCLAIMER: Completing this form does not guarantee approval of your shift swap or giveaway.

Request Type (Please select and tick one) Shift Giveaway – fill out section 1 Shift Swap – fill out section 2**Section 1 - Shift Giveaway****Full Name:****Staff Bundy #:****Date of Original Shift:****Shift Time (Start & End):****Role/ area of work:****Date:** I agree to give this shift away to the below staff member**Signature:****Date:****Signature:** I agree to take this shift and understand I am responsible to attend the new shift. Staff accepting the above shift:**Full Name:****Staff Bundy #:****Signature:****Date:****Section 2 - Shift Swap****Requesting Swap by – Employee 1****Full Name:****Staff Bundy #:****Date of Original Shift:****Shift Time (Start & End):****Role/ area of work:** I agree to swap this shift with employee 2 and understand I am responsible to attend the new shift**Signature:****Date:****Accepted Swap by – Employee 2****Full Name:****Staff Bundy #:****Date of Original Shift:****Shift Time (Start & End):****Role/ area of work:** I agree to swap this shift with employee 1 and understand I am responsible to attend the new shift**Signature:****Date:****Approval Section (To be filled out by manager).** Declined Approved UKG schedule updated**Manager Name:** _____**Signature:** _____**Date:** _____**Notes/Comments:** _____**This form is to be scanned and emailed to Rosters@cabravale.com for our records & tracking**

Document Name	Document Type	Version Number	Issue Date	Review Date	Authorised by	Position
Shift swap / giveaway	Form	1	November 2024	November 2025	Dianne Stranger	Learning & Development Manager