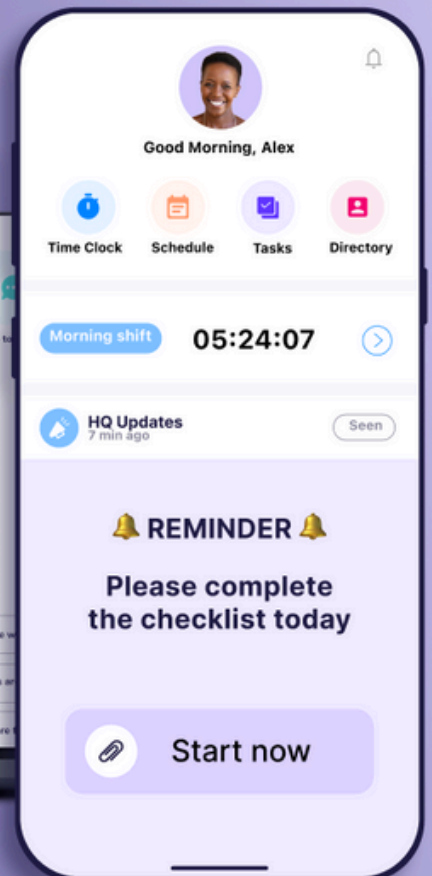


Shift Swap Request Form Template

Use our shift swap request form as a starting point to customize yours to fit your business.



Shift Swap Request Form

Date of Request: _____
Employee Requesting Swap: _____
Employee ID: _____
Department: _____
Supervisor/Manager: _____

Current Shift Details

Current Shift Date: _____
Current Shift Start Time: _____
Current Shift End Time: _____

Swap Details

Employee Swapping With: _____
Employee ID of Swapping Employee: _____
Requested Shift Date: _____
Requested Shift Start Time: _____
Requested Shift End Time: _____

Reason for Shift Swap

Reason for Swap Request: _____

Agreement

Employee Requesting Swap Signature: _____ Date: _____

Employee Swapping With Signature: _____ Date: _____

Supervisor/Manager Approval

Supervisor/Manager Comments:

Approved: Yes / No

Reason for Decision:

Supervisor/Manager's Signature: _____ Date: _____

HR Department Approval (if applicable)

HR Comments: _____

Approved: Yes / No

Reason for Decision:

HR Representative's Signature: _____ Date: _____