Employee Shift Trade Form
This form must be filled out completely and approved by a Supervisor

Employee 1: __________________________________________________________

Employee 2: __________________________________________________________

Employee 1’s shift to be worked by Employee 2 is:

_________________________________________   ____________________________
Day                                      Date                                      Start/End Time

Employee 2’s shift to be worked by Employee 1 is:

_________________________________________   ____________________________
Day                                      Date                                      Start/End Time

All shift trades are binding. Employees who fail to work a shift after signing and approved Shift Trade Form will be subject to the appropriate Attendance Points. All shift trades must be within the same work week. Shift Trade Requests not signed by a Supervisor will be considered null and void.

_________________________________________   ____________________________
Employee 1’s Signature                       Date

_________________________________________   ____________________________
Employee 2’s Signature                       Date

_________________________________________   ____________________________
Supervisor’s Signature                       Date

After approving Shift Trades, it is the Supervisor’s responsibility to immediately make the change on the work schedule.