

SHIFT SWAP REQUEST FORM

Employee Name: _____ Employee ID: _____

Original Shift Details:

Date of Shift: _____

Start Time: _____ End Time: _____

Requested Shift Swap With:

Employee Name: _____ Employee ID: _____

Requested Shift Details:

Date of Shift: _____

Start Time: _____ End Time: _____

Reason for Shift Swap:

Acknowledgments and Agreements:

By submitting this form, both employees agree to exchange the specified shifts. Both parties acknowledge that the shift swap is subject to approval by management and that all applicable company policies, labor laws, and collective bargaining agreements remain in full effect. The employees agree to fulfill all duties and responsibilities associated with the new shift assignments. Any issues arising from the swap will be handled in accordance with company policies and applicable law.

Employee Signatures:

Original Employee Signature

Requested Employee Signature

Date:

Date:

This form is governed by and construed in accordance with the laws of the United States of America. The employees understand that approval of this shift swap request does not alter the terms of their employment and that management reserves the right to deny or revoke shift swaps based on operational needs or policy considerations. Submission of this form constitutes a binding agreement to the above terms.

Original source of this document:

<https://form247-us.com/shift-swap-form/>

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