

# SHIFT CHANGE FORM

**DATE SUBMITTED FOR APPROVAL:** \_\_\_\_\_

SHIFT TO BE COVERED: (If swapping/trading shifts you must fill out two forms )

POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_ HOURS/SHIFT: \_\_\_\_\_

EMPLOYEE SCHEDULED FOR SHIFT: \_\_\_\_\_

EMPLOYEE COVERING SHIFT: \_\_\_\_\_

REASON FOR  
CHANGE: \_\_\_\_\_

\* BY SIGNING THIS YOU ARE ACKNOWLEDGING THAT YOU HAVE READ THE SHIFT SWAPS/TRADES POLICY AND AGREE TO ABIDE BY THE  
CONDITIONS OF THE POLICY.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MANAGERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\* IF CHANGE CREATES OVERTIME SHERIFFS OR FIRST DEPUTY SIGNATURE: \_\_\_\_\_

APPROVED

DENYED REASON: \_\_\_\_\_

THIS FORM MUST BE SUBMITTED TO THE MANAGER AT LEAST 48 HOURS IN ADVANCE OF THE  
DATE THE SHIFT CHANGE IS NEEDED.

THE APPROVED FORM MUST BE ATTACHED TO TIMESHEET

**\*\* SHIFT CHANGES THAT CREATE OVERTIME MUST ALSO BE APPROVED BY SHERIFF OR FIRST DEPUTY**