

Shift Change

- *Must be submitted at least 5 days in advance*
- *Needs House Manager/Director approval and signatures*
 - *Submissions/Approvals in writing required*
 - *Incomplete requests will not be accepted*

Date: _____

I, _____, am taking off the following day/shift:
(Staff Name)

_____ from _____
(Date) (Time/Shift)

_____ has agreed to work for me.
(Staff Name)

In return, I will be working for _____
(Staff Name)

on the following day/shift:

_____ from _____
(Date) (Time/Shift)

Employee signature requesting change: _____

Employee signature agreeing to change: _____

By signing this document, both employees are in contract agreeing to the above switch. Staff switches must occur within the same pay week. Failure to honor the contract will result in disciplinary action in correlation with staff attendance procedures, as well as possible refusal of future shift changes.

House Manager: _____ Date Approved: _____

Director: _____ Date Approved: _____