



## Shift Switch Form

I \_\_\_\_\_ cannot work on \_\_\_\_\_  
Print Name Date, Day & Time

And \_\_\_\_\_ has agreed to work for me on this day and time.  
Print Name

In exchange I will work the following \_\_\_\_\_  
Date, Day & Time

For the individual named above.

An employee may change shifts only with those who share the same job title and cannot cause an overtime situation for either employee. The employee requesting this shift change is fully responsible for coverage of both shifts and submission of this form to the EMS Chief or Shift Supervisor for approval. Both employees' signatures are required on the Shift Switch Form.

*After Completing the fill in boxes above print the form out and complete the signature portion below for approval.*

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_