



How you want to be treated.

# SHIFT SWAP REQUEST FORM

- Form to be completed and signed by both employees participating in the swap.
- Swaps must be approved before either date involved in the swap occurs.
- Employees can waive overtime for extensions and consecutive days off, but cannot waive the fatigue policy.
- Shift Swaps are between two employees and are not to involve vacant shifts, or unfilled shifts.
- If employees are swapping unequal hours, accrual bank earnings, FTE or pension contributions may be affected.
- Shift swaps must be worked within eight (8) weeks of each employees requested date.
- Shift Swaps will not result in added costs to the Employer

## COMPLETE AND SUBMIT THIS FORM TO STAFF SCHEDULING

Notice of 7 days requested

Please print legibly on form

### Section 1. Employee

				<b>Date Submitted:</b> (DD/MM/YYYY)			
<b>Site/Facility:</b>				<b>Unit/Department:</b>			
<b>Collective Agreement:</b> <input type="checkbox"/> NBA(BCNU) <input type="checkbox"/> FBA(HEU) <input type="checkbox"/> CBA(HEU) <input type="checkbox"/> HSPBA(HSA)				<b>Occupation:</b>			
<b>Employee Requesting Swap:</b>			<b>Employee ID:</b>	<b>Employee Swapping:</b>			<b>Employee ID:</b>
	<b>Swap Date</b> (DD/MM/YYYY)	<b>Shift Time</b> (e.g. 0700-1500)	<b>Shift Icon</b> (e.g. d)		<b>Swap Date</b> (DD/MM/YYYY)	<b>Shift Time</b> (e.g.1500 - 2300)	<b>Shift Icon</b> (e.g. e)
1				1			
2				2			
3				3			
4				4			
5				5			
<b>Employee Signature:</b>				<b>Employee Signature:</b>			
<b>Date:</b>				<b>Date:</b>			

### Section 2. Staff Scheduling

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>Comments:</b>	
<b>Approved by:</b>		<b>Date:</b>

### Section 3. Manager (if applicable):

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>Comments:</b>	
<b>Manager Name:</b>	<b>Manager Signature:</b>	<b>Date:</b>