

REQUEST FOR SWITCHING SHIFTS

DATE _____

NAME _____
(Employee asking for switch)

JOB CLASS _____

EMPLOYEE NUMBER _____ EMPLOYEE JOB TITLE _____

REASON FOR SWITCH _____

DATE AND DAY(S) INVOLVED _____

NAME _____
(Employee being switched with)

JOB CLASS _____

EMPLOYEE NUMBER _____ EMPLOYEE JOB TITLE _____

SIGNED _____
(Employee asking for switch)

SIGNED _____
(Employee being switched with)

APPROVED _____
(Foreman)