ADVANCED DAY/S SHIFT SWAP REQUEST

_____ **will work for** _____
    Employee Initiating Shift Swap   **Employee (2)**

on _____
              Shift/Date

and _____ **will work for** _____
                  Employee (2)   **Employee (1)**

on _____**.**

Reason for the request:
_____
_____
_____
_____
_____

Employee (1) signature: _____

Employee (2) signature: _____

Date: _____

Supervisor's or Senior Agent's approval or denial: _____
                                                          (circle one)   **Signature**

Supervisor's or Senior Agent's approval or denial: _____
                                                          (circle one)   **Signature**