

Brookwood Trade Shift Request Form

EFFECTIVE IMMEDIATELY

It is not permitted for employees to trade shifts or request coverage by any other nursing employee including the PICO pool without prior authorization from the Director of Nursing. Both employees involved in any switches without permission will result in disciplinary action. The form below must be used for any switched shifts.

**A trade must be in 5 days prior to shift

**A trade MUST have prior approval from the DON

**If “giving” up a shift or splitting a shift the employee picking up your shift will not receive call in pay.

Date Submitted: _____

I, _____ will work for _____
PRINT NAME PRINT NAME

On _____ DATE SHIFT
Day

And _____ will work for _____
PRINT NAME PRINT NAME

On _____ DATE SHIFT
Day

Employee Signature

Employee Signature

Approved: _____

Declined: _____