

APRIL 2018

IMPORTANT INFORMATION FROM YOUR MANAGEMENT TEAM ABOUT THIS SHIFT

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

AM	
PM	

April 1 Sun
Easter

SCHEDULE REQUESTS

Don't forget: a request is just that - a REQUEST

EMPLOYEE NAME	EMPLOYEE'S DEPARTMENT	PLEASE PROVIDE REASON FOR YOUR REQUEST	DATE EMPLOYEE ENTERED THIS REQUEST	MANAGER SIGNATURE
NAME	DEPARTMENT	REASON	DATE ENTERED / /	MGR SIGNATURE
NAME	DEPARTMENT	REASON	DATE ENTERED / /	MGR SIGNATURE
NAME	DEPARTMENT	REASON	DATE ENTERED / /	MGR SIGNATURE
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NAME	DEPARTMENT	REASON	DATE ENTERED / /	MGR SIGNATURE
NAME	DEPARTMENT	REASON	DATE ENTERED / /	MGR SIGNATURE

**COMBINED
REQUEST OFF &
SWITCH SHIFT LOG**

1 PAGE PER DAY
ROOM FOR 13 DAY OFF REQUESTS AND
13 SHIFT SWITCH REQUESTS
8.5" X 11"

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AM	
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SHIFT CHANGE REQUEST
Manager approval required

NAME OF EMPLOYEE ORIGINALLY SCHEDULED FOR THIS SHIFT	INITIALS	NAME OF EMPLOYEE WHO IS PICKING UP THIS SHIFT	INITIALS	SHIFT START TIME	DATE EMPLOYEE ENTERED THIS SWITCH	MANAGER SIGNATURE
NAME	INITIALS	NAME	INITIALS	START TIME	DATE ENTERED / /	MGR SIGNATURE
NAME	INITIALS	NAME	INITIALS	START TIME	DATE ENTERED / /	MGR SIGNATURE
NAME	INITIALS	NAME	INITIALS	START TIME	DATE ENTERED / /	MGR SIGNATURE
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NAME	INITIALS	NAME	INITIALS	START TIME	DATE ENTERED / /	MGR SIGNATURE