



AFFORDABLE
I N N S

Shift Change Request

Please submit requests as far in advance as possible/practical for the situation. Employees requesting shift changes must ensure that the entire form is filled out including information required by Employee agreeing to shift change. Submittal of this shift change request does NOT guarantee shift change approval. Only when this form has been completely filled out and final approval is given by the appropriate levels of management will the shift change request be granted and will become binding on both employees.

Employee Requesting Shift Change: _____

Department: _____

Location: _____

Date(s) and Shift Wanting Changed: _____

Name of Employee Agreeing to Shift Change: _____

Department: _____

Signature of Employee Requesting Shift Change

Signature of Employee Agreeing to Shift Change

*** Signatures of employees indicate the understanding of corporate managements policy regarding Shift Change Requests.**

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For management use only:

Shift change requested has been: Approved Disapproved

Reason if disapproved: _____

Managers Signature

Date