

Truckee Fire Protection District

SHIFT TRADE REQUEST FORM

This form must be completely filled out to validate a work trade between two employees. Once this form is complete, the employee who agrees to trade hours for the regularly scheduled employee is responsible for the hours specified on this form. The completed form shall be submitted to both the requesting employee's Supervisor and the accepting employee's Supervisor for approval. This work trade shall not take effect until signed by both employees and both Supervisors. It is the responsibility of the requestor to ensure that this form is completed and copies are submitted.

DATE SUBMITTED: _____

EMPLOYEE REQUESTING TRADE: _____ / ____ / ____
(Print Name) (Date off needed)

(Signature) (Times)

EMPLOYEE ACCEPTING TRADE: _____ / ____ / ____
(Print Name) (Pay-back Date)
If known otherwise state unknown

(Signature) (Times)

TOTAL HOURS: _____

Logged in Firehouse

Copies given to both employees

REQUESTING EMPLOYEES' SUPERVISOR'S APPROVAL: _____ DATE: ____ / ____ / ____

ACCEPTING EMPLOYEES SUPERVISOR'S APPROVAL: _____ DATE: ____ / ____ / ____

Received in Administration Office DATE: ____ / ____ / ____