

INSTITUTION	DATE SUBMITTED
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Each employee shall be responsible for the coverage of the work assignment they accepted. The employee who fails to pay back the swap shall be subject to repaying the actual length of the shift [e.g., eight (8) hours for an eight (8) hour shift, or ten (10) hours for a ten (10) hour shift]. The State shall first use the appropriate accrued time credits for the repayment; then use "accounts receivable" should time credits be insufficient for the repayment. Once reimbursement is made by the employee, the employee shall not be subject to adverse personnel action for this incident.

In the event the employee fails to show because of illness or injury, they may be required to provide a medical verification in accordance with Section 11.03 of the Memorandum of Understanding (MOU). If the employee fails to provide medical verification, the employee shall be charged twelve (12) hours of the appropriate leave credits.

All swaps must be paid back within 120 calendar days. When the payback cannot be accomplished without overtime being earned by one or both of the affected employees, the requested swaps shall be denied.

Once approved, shift changes shall not be subjected to further review, except for operational needs. If a shift swap is denied, the supervisor denying the swap shall state the reason for the denial in the appropriate area of this form. The employees exchanging hours of work shall not be entitled to any additional compensation which they would not have otherwise received.

Staff requesting an exchange of shift assignments must provide the following information:

1	NAME (Relieving Staff)		SIGNATURE (Relieving Staff)		EMPLOYEE PAY NUMBER ☐ PROBATIONARY
	NAME (Staff Member Being Relieved)				EMPLOYEE PAY NUMBER
	POST NUMBER	POST DESCRIPTION	POST DUTY HOURS		HOURS OF SWAP
	RELIEF DATE MONTH: DAY: YEAR:				☐ APPROVED ☐ DENIED
	SUPERVISOR'S SIGNATURE				DATE
REASON(S) FOR DENIAL (If Applicable) ENTER REASON(S) FOR DENIAL FROM NUMBERS LISTED BELOW					
2	NAME (Relieving Staff)		SIGNATURE (Relieving Staff)		EMPLOYEE PAY NUMBER ☐ PROBATIONARY
	NAME (Staff Member Being Relieved)				EMPLOYEE PAY NUMBER
	POST NUMBER	POST DESCRIPTION	POST DUTY HOURS		HOURS OF SWAP
	RELIEF DATE MONTH: DAY: YEAR:				☐ APPROVED ☐ DENIED
	SUPERVISOR'S SIGNATURE				DATE
REASON(S) FOR DENIAL (If Applicable) ENTER REASON(S) FOR DENIAL FROM NUMBERS LISTED BELOW					

REASONS FOR DENIAL

1. Position and/or work hours conflict.
2. "Open Dates" are not allowed.
3. Less than 24 hours advanced notice.
4. Medical restrictions.
5. Probationary staff allowed one swap per week.
6. Employees participating in Job Shadowing Program
7. Mandatory Annual training per 8.05 of the MOU
8. Assignment requires specific training, knowledge, etc.
9. Will result in the working of more than 2 double shifts back-to-back, or more than 16 consecutive hours
10. Other (Specify): _____

It is the employee's responsibility to transmit a copy of this approved form prior to the shift swap to the Watch/Personnel Assignment Lieutenant.

WATCH/PERSONNEL ASSIGNMENT LIEUTENANT'S SIGNATURE	DATE
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