

Please fill out this form, then print it out and turn it in to a supervisor in charge of scheduling.

SHIFT/MANDATE EXCHANGE FORM

Mandate Exchange

Shift Exchange

No Exchange**

Dispatcher #: _____

Name: _____ Initials: _____

Date of Shift: _____ Hours: _____

Exchanging hours for:

Working hours for:

Dispatcher #: _____

Name: _____ Initials: _____

Date of Shift**: _____ Hours: _____

** Do not complete this line if it is NOT a shift exchange.

Comments:

A shift change cannot create an overtime situation and a shift exchange cannot result in more than a 40 hour work week.

THIS FORM MUST BE TIME STAMPED AND SUBMITTED TO A SUPERVISOR IN CHARGE OF SCHEDULING IN ORDER FOR IT TO BE APPROVED.

Approved By: _____ Date: _____

Denied By: _____ Date: _____