



Risk Management Security Services

Shift Swap Request Form

Your details (person requesting the swap)

First Name:	
Last Name:	
ID No:	
Reason:	<p><i>Please explain why you are not able to do this shift yourself.</i></p>
<p>I am requesting to swap my shift and I understand that my hours & pay will be affected. I also accept that should the person below not be able to complete the shift for, whatever reason including sickness, that I will be required to cover it.</p>	
Signature:	
Date:	

Shift details

Site:	
Shift Time:	
Shift Date:	

Cover arranged

First Name:	
Last Name:	
ID No:	
<p>I agree to cover the above shift and confirm that it is not going to affect any of my previously scheduled duties, cause me to work excessive hours (over 72 per week) or interfere with any annual leave that I have booked and has been approved.</p>	
Signature:	
Date:	

Internal Use Only

Date Form Received:		Site Manager:	
Date Added to System:		Approved:	Yes / No