

SHIFT GIVEAWAY FORM (for weeks holiday – Starting January 2021)

All requests must be approved by the Department Manager or designate

EMPLOYEE GIVING SHIFT AWAY:

Name: _____ Dept: _____ Today's date: _____

Dates of shifts to be given away: _____

Staff Signature: _____

EMPLOYEE(S) RECEIVING SHIFTS:

Date: _____ Employee and Signature: _____

Date: _____ Employee and Signature: _____

Date: _____ Employee and Signature: _____

Date: _____ Employee and Signature: _____

Date: _____ Employee and Signature: _____

I verify I will not be put into an overtime situation by accepting this shift(s) above.

(Employees must check their schedule in advance of the shift to confirm the shift giveaway is entered).

Criteria to be Met

1. Shift giveaway requests will only be accepted after the four (4) week schedule is posted.
2. 72 hours' notice required.
3. Department staffing levels must not be impacted. (Shift giveaway may be denied at the Managers discretion).
4. Cannot result in overtime.
5. Shift giveaways cannot be used in conjunction with other scheduled days off including statutory holidays, vacation and shift exchanges if it results in more than five (5) consecutive days off during the following blackout periods: **March Break & June 1 - September 30**

Manager Use Only:

Date received: _____ Circle: Approved Denied

Reason Denied: _____ Manager's Signature: _____

Scheduler Use Only:

Date received: _____

Schedulers Initial: _____