ROSTERELF

# Shift Change Request Form

Employee Schedule Modification Request

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**Notice Period Reminder**

Shift change requests should be submitted as early as possible. Check your employment agreement or workplace policy for minimum notice requirements. Last-minute requests may not be approved.

## Section 1: Employee Details

Full Name *

Employee ID

Position / Job Title *

Department / Team *

Contact Phone *

Email Address

Manager / Supervisor Name *

Date of Request *

## Section 2: Current Shift Details

Please provide details of the shift you are requesting to change:

Date of Current Shift *

Scheduled Start Time *

Scheduled End Time *

Work Location / Site *

Shift Type (e.g., Morning, Afternoon, Night, Split)

## Section 3: Requested Change

Select the type of change you are requesting:

- [ ] Change shift date
- [ ] Change shift start/end times
- [ ] Shift swap with another employee
- [ ] Cancel shift (not working)
- [ ] Split shift modification
- [ ] Change work location
- [ ] Other (please specify below)

### New Proposed Shift Details

Proposed Date

Proposed Start Time

Proposed End Time

Proposed Work Location (if different)

## Section 4: Shift Swap Details (if applicable)

Complete this section only if you are requesting to swap shifts with a colleague.

Colleague Name

Colleague Position / Department

Colleague Contact Phone or Email

- [ ] My colleague has agreed to this swap
- [ ] I am still awaiting confirmation from my colleague

### Shift Being Taken Over

Date of Shift Being Taken Over

Start Time

End Time

## Section 5: Reason for Request

Please indicate the reason for this shift change request:

- [ ] Personal / family commitment
- [ ] Medical appointment
- [ ] Study / training
- [ ] Transport / travel issues
- [ ] Childcare arrangements
- [ ] Religious observance
- [ ] Emergency situation
- [ ] Other (please specify below)

Please provide additional details about your reason for this request:

## Section 6: Coverage Plan

How will your duties be covered if this request is approved?

- [ ] Shift swap arranged (details above)
- [ ] Another team member can cover
- [ ] No coverage required (reduced service acceptable)
- [ ] Manager to arrange coverage
- [ ] Other arrangement (please specify)

Details of coverage arrangement:

## Section 7: Impact Assessment (Manager Use)

For manager to complete when reviewing this request.

- [ ] Adequate coverage available
- [ ] Coverage arranged
- [ ] Minimal operational impact
- [ ] Training / handover required
- [ ] Customer service impact considered

Manager notes on operational impact:

## Section 8: Employee Declaration

- I confirm that the information provided in this form is true and accurate.
- I understand that shift change requests are subject to operational requirements and manager approval.
- I understand that submitting this request does not guarantee approval.
- If approved, I agree to work the revised shift as agreed.
- I understand that repeated last-minute requests may be addressed through performance management.

**Employee Signature**

Signature: _____ Date: _____

## Section 9: Manager Approval

Request Decision:

- ☐ Approved
- ☐ Approved with modifications (see notes)
- ☐ Declined
- ☐ Pending further information

Manager notes / reason for decision:

**Manager Signature**

Manager Name: _____

Signature: _____ Date: _____

## Section 10: Employee Acknowledgement of Decision

I acknowledge that I have been notified of the decision regarding my shift change request.

Employee Signature: _____ Date: _____

## Disclaimer

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