



# SENECA COUNTY Emergency Medical Services



## Shift Trade Form

**Purpose:**

This form is to be used whenever an employee wishes to trade a shift with another employee.

**Procedure:**

- Both employees must sign, and this form to be approved by the EMS Director.
- Trades should be submitted at a minimum of seventy-two (72) hours in advance of the trade date.
- Once agreed upon; both parties are responsible for covering their shifts.
- Shift swap shall be repaid in the same pay period.

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Employee Requesting Trade: \_\_\_\_\_

Date of Trade: \_\_\_\_\_ for \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Accepting Trade: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_