



SENECA COUNTY Emergency Medical Services



Shift Trade Form:

Purpose:

This form is to be used whenever an Echo paramedic wishes to trade shifts with another paramedic (FT or PT)

Procedure:

- Both employees must sign and this form shall be approved by EMS1 or EMS2 prior to the trade occurring.
- Once agreed upon; both parties are responsible for covering their shifts.
- Shift swap shall not cause a FT paramedic to work more than 48hrs in 1 week (Sat-Fri) or cause a PT paramedic to work more than 29hrs in 1 week (Sat-Fri).

Employee Requesting Trade: _____

Date of Trade: _____ **for** _____

Signature: _____ **Date:** _____

Employee Accepting Trade: _____

Signature: _____ **Date:** _____

Approval: _____ **Date:** _____

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