

Mutual Swap - Transportation Department



Name _____

Employee ID Number _____

Will work day/date _____

Will Report _____

Next Report _____

Shift switch:

Regular days off _____

Days off will become _____

Will swap with:

Name _____

Employee ID Number _____

Will work day/date _____

Will Report _____

Next Report _____

Shift switch:

Regular days off _____

Days off will become _____

**Swapping these shifts will not violate the eight-hour rest rule
Swaps must be within the same week (Week starts Sunday and ends Saturday).
Overtime will not be utilized if a shift switch is requested**

Signature employee #1 _____

Signature employee #2 _____

Approval by Division Superintendent (or designee) _____

Date _____

cc: Payroll Department
Operations Office
ATU Business Office