

UI Health Care, Diagnostic Radiology

Request to Trade Shifts

Name: _____

I am scheduled to work: _____
Date Day Hours

I request: _____ work the above shift as my replacement.
Name of Coworker

He/she will work: _____
Date Day Hours

And be off: _____
Date Day Hours

I will work: _____
Date Day Hours

And be off: _____
Date Day Hours

Requesting Employee:

Replacement Employee:

Signature Date

Signature Date

Approved: _____
Supervisor Signature Date