# **Restaurant Shift Swap Request Form**

Employees must complete and submit this form for approval before any shift swap can take place. Both employees must agree to the swap, and management approval is required. This process ensures proper coverage and fairness for all team members.

## Original Shift Details

|  |  |
| --- | --- |
| Original Employee Name |  |
| Position |  |
| Original Shift |  |
| Scheduled Time |  |
| Original Employee Signature |  |
| Date |  |

## Replacement Employee Details

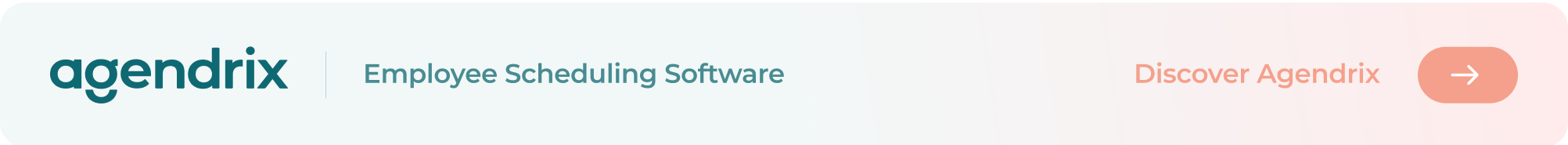
|  |  |
| --- | --- |
| Replacement Employee Name |  |
| Will Take Over Shift On (Date) |  |
| Phone Number |  |
| Replacement Employee Signature |  |
| Date |  |

## Manager’s Decision

☐ Approved

☐ Denied

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Manager name | Manager signature | Date |

[](https://r.agendrix.com/ressources-cta-restaurant)