

Schedule Change Request Form

Date: _____

Your name: _____

Date(s) which you wish to change: _____

Comments/Additional Info:

If switching a day person you are switching with: _____

Does the switch require OT? Yes No

Does the switch require consecutive weekend pay? Yes No

If yes please attach waiver for consecutive weekend pay.

Signature required from both nurses

Signature/ Date

Signature/Date

All schedule changes must be submitted in writing and approved.

Approval: _____ Date: _____