

## STC Shift Change Request

STC student employees must use this form to request shift changes. Requests must be submitted in advance.

Requestor Shift Date and Time

Name \_\_\_\_\_

Date \_\_\_\_\_

8:00 am – 12:00 pm

12:00 pm – 4:00 pm

4:00 pm – 8:00 pm

8:00 pm – 12:00 am

Traded Shift Date and Time

Name \_\_\_\_\_

Date \_\_\_\_\_

8:00 am – 12:00 pm

12:00 pm – 4:00 pm

4:00 pm – 8:00 pm

8:00 pm – 12:00 am

By signing this form, I understand that the employee that has traded the shift is responsible for working it once a supervisor approves the shift exchange. I understand that exchanging of shifts is a privilege, not a right. Any loss of time resulting from a shift exchange is forfeited at the employee's expense.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_