

Clothing Retail Floor Staff Shift Exchange Form

1. Staff Requesting Exchange

Name

Employee ID

Original Shift Date

Original Shift Time

2. Proposed Exchange Details

Exchange Shift Date

Exchange Shift Time

Exchanging With (Name)

Exchanging With (Employee ID)

3. Reason for Exchange

4. Approvals

Requesting Staff Signature

Exchange Staff Signature

Manager Approval

Approval Date