

## **APPLICATION FOR CHANGE OF SHIFT**

NAME:\_\_\_\_\_ DEPT.:\_\_\_\_\_ NO.:\_\_\_\_\_

DAY OF CHANGE (mark appropriate box **X**)

MONDAY DATE.....

☐

TUESDAY DATE.....

☐

WEDNESDAY DATE.....

☐

THURSDAY DATE.....

☐

FRIDAY DATE.....

☐

START SHIFT TIME	FINISH SHIFT TIME	TOTAL NO. OF HOURS

SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_

SUPERVISOR`S SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_

*Once authorised, this form should be forwarded to:-*

Joyce Walker  
IT Department