

# MCFD

## SHIFT SWAP AGREEMENT

I \_\_\_\_\_ agree to work for  
\_\_\_\_\_ on (date) \_\_\_\_\_

for \_\_\_\_\_ hours and in turn \_\_\_\_\_

agrees to repay hours on (date) \_\_\_\_\_

**(swapping hours can only be done during the same pay period and cannot result in any overtime.)**

Must be signed by both employees:

1 \_\_\_\_\_

2 \_\_\_\_\_

Dates of pay period Start date \_\_\_\_\_ end date \_\_\_\_\_

Shift supervisor approval

Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_