

Loveland Health Care Center

Request to Trade Days

I want to switch days with another employee.

I will work _____ (date) for _____ (name
of team member) and be off _____ (date)

Signature of Employee

Date

I will work _____ (date) for _____ (name
of team member) and be off _____ (date)

Signature of Employee

Date

***Note: Both employees must complete, sign and date the form before the switch will be considered.**

Approved

Declined

Scheduler Signature

Date

If this is approved you are required to work the day traded and to abide by as well as be accountable to the attendance policy of Loveland Health Care and HCMG. This includes call off procedures, absences and tardiness policies and guidelines.