Time off and shift coverage request

For employees on a posted schedule. List each shift you need off and, if your workplace allows it, the coworker who agreed to cover it. A manager must approve before the schedule changes.

Employee name: _____

Position: _____

Location: _____

Date of request: _____

Shifts affected

Date	Shift (start to end)	Position	Covered by	Coworker initials

☐ Vacation or PTO ☐ Personal ☐ Unpaid ☐ Shift swap (I will work the coworker's shift)

If swapping: shift I will work instead: _____

_____ _____

Employee signature Date

_____ _____

Covering coworker signature Date

Manager use only

☐ Approved ☐ Denied ☐ Schedule updated

_____ _____

Manager signature Date

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