

# Polson Ambulance, Inc. Scheduled Shift Trade Request

I (name) \_\_\_\_\_ Will work the scheduled on-call / 911 shift

for (name) \_\_\_\_\_ on (date) \_\_\_\_\_

This shift is for trade only and in return (name) \_\_\_\_\_

Will work for me (name) \_\_\_\_\_ on (date) \_\_\_\_\_

Approved by \_\_\_\_\_

The Manager must approve all shift trades. Please turn this completed form in at least 7 day's prior to assure approval review and that the proper master schedule changes are made.

I have reviewed the above form and understand the scheduled shift trade request policy.

Employee Signature \_\_\_\_\_

Manager Signature \_\_\_\_\_