



**WATERFIELD SUPPORTED HOMES LIMITED**

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**SHIFT EXCHANGE FORM**

Name: \_\_\_\_\_

Job role: \_\_\_\_\_

Date of shift: \_\_\_\_\_

Time of shift: \_\_\_\_\_

The person you are swapping with

Name: \_\_\_\_\_

Job role: \_\_\_\_\_

**Please circle the correct one:**

Are you covering a shift?      YES    NO    (circle one )

Are you exchanging a shift?    YES    NO    (circle one )

Date of shift exchanged \_\_\_\_\_

Time of shift exchanged \_\_\_\_\_

Manager sign: \_\_\_\_\_

staff sign: \_\_\_\_\_

staff sign: \_\_\_\_\_

Date: \_\_\_\_\_