

TO: (supervisor) _____

DATE: ____/____/____

FROM: _____

BADGE OR I.D. # _____

SUBJECT: REQUEST FOR EXCHANGE OF DUTY ASSIGNMENT (SWAP)

**I REQUEST THAT (name) _____ BE ALLOWED TO WORK FOR ME ON
(day, date & shift) _____, AT (unit or location) _____,
IN THE POSITION OF (assignment) _____.**

I am aware of the department policy and understand that should my replacement fail to appear at the designated assignment, I forfeit wages for the assigned shift, and that my replacement will lose the privilege of Exchange of Duty Assignment for a period of six (6) months.

SIGNATURE OF REQUESTER _____

SIGNATURE OF REPLACEMENT _____

APPROVED BY _____

Disapproved for the following reasons

