**Shift Trade Agreement**

(Full-time Employees Only)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am entering into a shift trade agreement

 (print or type name of Party A)

with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who will work my shift

 (print or type name of Party B)

on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (date)

In return, I agree to work his/her shift on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (date)

Conditions of agreement applicable to each party:

* By entering into this agreement, please understand that you will be paid your normal pay for the shift that is worked by the other party to the agreement.
* No additional compensation or benefits will be accrued by working the other party’s shift under this agreement.
* If you cannot fulfill your responsibility under the agreement, you are responsible for finding a **qualified** replacement to work the agreed shift.
* If a replacement cannot be found, this agreement will be cancelled and both parties will work their originally scheduled shifts or use PTO to account for the absence during the shift.
* The use of PTO and “time off”, must be approved by Administration.
* If the employee cannot work the original scheduled shift or does not have PTO, they may be subject to disciplinary action.
* If either party fails to show for an agreed shift trade, one or both parties may be subject to disciplinary action.

By signing this agreement, I agree to the conditions specified above and fully intend to comply with the agreement to substitute for the other party on the specified shift.

Party A initiating agreement:

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

(signature)

Party B accepting agreement:

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

(signature)

Acknowledgement of supervisors:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature of supervisor A)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature of supervisor B)