

Time Adjustment/Shift Switch/Training Sheet

(To be turned in with current pay period)

Name: _____

Today's Date: _____

Date of Action: _____

Reason: _____

(staff late, phone in use, forgot, on outing, crisis situation, etc)

Name of Training: _____

Time: _____

Signature: _____

Shift Switch:

Date: _____ Shift Time: _____ Staff working: _____

Date: _____ Shift Time: _____ Staff working: _____

Signature: _____

Signature: _____

Management use only

authorized

unauthorized

Management Signature: _____

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