



**#108**

# **CITY OF CHARLOTTETOWN FIRE DEPARTMENT ADMINISTRATIVE PROCEDURE**

ADMINISTRATIVE PROCEDURE: **EXCHANGE OF SHIFT FORM**

ORIGINATING DATE: **2009**

EFFECTIVE DATE: **JUNE 1, 2009**

REVISION DATE: **FEBRUARY 21, 2013**

REVISION DATE: **June 4, 2015**

APPROVED BY: **FIRE DEPARTMENT MANAGEMENT TEAM**

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**PLEASE SEE ATTACHED DOCUMENT**



## Exchange of Shift Form

As per AP 107

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

We, the undersigned agree to the exchange of duty crew/shifts or portion thereof as follows:

I, \_\_\_\_\_ will work the shift/duty crew scheduled for

(Name)

\_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_ from \_\_\_\_\_ hrs

(Name)

(Date)

(Time)

to \_\_\_\_\_ hrs and he/she will work the shift/duty crew scheduled on \_\_\_/\_\_\_/\_\_\_ from  
\_\_\_\_\_ hrs. to \_\_\_\_\_ hrs. for me.

The reason for the shift change is: \_\_\_\_\_

Signatures: \_\_\_\_\_ and \_\_\_\_\_

Approved by  Not Approved  By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### Guide for Shift Exchange:

Operational requirements satisfied.

Yes  No

48 hours notice given.

Yes  No

All signatures received.

Yes  No

Double Shift.

Yes  No