

REQUEST FOR EXCHANGE OF REGULAR WORK DUTY - INTERSHIFT/RDO SWAP

PURSUANT TO SECTION 134, CIVIL SERVICE LAW, RULES FOR OVERTIME COMPENSATION, SECTION 135.5, SUBDIV. E`.

PRINT FILL IN ALL BLANKS	FACILITY:	DATE OF REQUEST:
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NAME OF EMPLOYEE REQUESTING SWAP	POST #	ITEM #	RDO SQUAD
NAME OF EMPLOYEE WHO WILL WORK THE SWAP	POST #	ITEM #	RDO SQUAD

SWAP DATE	SHIFT
SWAP PAYBACK DATE	SHIFT

CANCEL THIS PREVIOUSLY APPROVED SWAP*

MODIFY THIS PREVIOUSLY APPROVED SWAP**

NEW PAYBACK DATE IS _____

A SWAP *MUST* BE REPAID WITHIN 365 DAYS OF THE DATE THE INITIAL SWAP IS WORKED.

COMPENSATION: For purposes of computing overtime, all hours worked pursuant to this agreement shall be considered as hours worked by the employee who was originally scheduled to work such hours.

The employee performing the hours worked in exchange waives consideration of such hours for overtime compensation of, in the case of a holiday shift, any additional holiday compensation.

The exchange of hours is voluntary and no employer obligation is incurred.

***CANCELLATION:** YOU ARE ALLOWED TO CANCEL A SWAP ONLY WHEN NEITHER PORTION OF THE SWAP HAS BEEN WORKED. Cancellations must be signed by a Watch Commander or higher administrator.

****MODIFICATION:** Once the initial swap has been worked, a new payback date must be submitted if the original payback date cannot be worked. A payback date cannot be changed without signed approval. Accruals or pay must be exchanged if the swap is not completed as agreed.

SIGNATURES: A swap request, cancellation or modification must be signed by both employees.

Your signatures indicate the information submitted on this form is correct and you are aware of and in full agreement with the Department's swapping policy as set forth in Directive #2223, "Intershift/RDO Swaps."

SIGNED	DATE	PHONE #
SIGNED	DATE	PHONE #
APPROVED <input type="checkbox"/>	DISAPPROVED <input type="checkbox"/>	REASON
(Name & Title)		DATE

DIST: Original - Time & Attendance Lieutenant : Copy to each employee : 2 copies to the Timekeeper