

SHIFT SWAP REQUEST FORM

JD-MS-63 New 10-17

**CONNECTICUT JUDICIAL BRANCH
JUDICIAL MARSHAL SERVICES**

www.jud.ct.gov

**Instructions:***Complete sections A., B., and C. below and submit to your Chief Judicial Marshal (or designee) for approval.**Approval must be requested and obtained at least one (1) day in advance of requested shift.***Section A.** (Please print clearly.)

Date of Shift being swapped

Employee name

Regular shift

is requesting to swap shifts with

Employee name

Regular shift

Section B. (Please print clearly.)

(On) _____

(Date)

(Employee) _____ will work _____ (Shift)

(Employee) _____ will work _____ (Shift)

Section C. (Both employees must sign this section.)*By signing below, I acknowledge that it is my responsibility to report for work on the date and for the shift indicated in Section B. above.*

Employee signature

Today's Date

Employee signature

Today's Date

Section D. Approval (To be completed by approving supervisor only.)☐ Approved☐ Denied

Chief Judicial Marshal or designee

Date

Approval of shift changes is subject to revocation as dictated by the department's needs.**Employees requesting to swap shifts must be working in the same facility. The shift swap must not cause any additional costs to the Branch.**