

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
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is requesting to swap shifts with

Employee name	Regular shift
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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
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Employee signature	Today's Date
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Section D. Approval (To be completed by approving supervisor only.)

Approved
 Denied

Chief Judicial Marshal or designee	Date
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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.**