

HARRIS-STOWE
STATE UNIVERSITY
OFFICE OF RESIDENTIAL LIFE

SHIFT EXCHANGE VERIFICATION FORM

This form is to be used by the Office of Residential Life when a shift needs to be covered because the Student Worker scheduled for the shift is unable to work. Please complete the information electronically by selecting the appropriate response, print, sign, and submit with the time sheet containing the additional hours worked.

SCHEDULED SHIFT

This section identifies the original shift and is based off of the pre-planned schedule.

Date of Shift: ____ / ____ / 2015 **Shift Start Time:** ____:____ **Shift End Time:** ____:____

Student Worker Scheduled: _____

Reason Scheduled Student Worker is not available to work:

ADJUSTED SHIFT

This section identifies information regarding the Student Worker who is picking up the shift.

Student Worker Substitute: _____ **Student ID Number:** _____

Shift Start Time: ____:____ **Shift End Time:** ____:____ **Number of Hours Covered:** _____

AUTHORIZATION

This form was created because of the unusually high demand for coverage at the front desk of the residence halls and should be submitted whenever hours are worked beyond the allotted ten (10) hours per week provided to the Student Workers for the current academic year. Hours reported during class time will be removed and will not be reimbursed, and forms not completed electronically and signed manually will not be accepted.

By signing this form, the Student Worker and the Supervisor confirm that all of the information provided is true and accurate to the best of your ability. Any form submitted that is found to contain falsified information will result in immediate termination from the Student Worker Program—up to and including the remainder of your time at Harris-Stowe State University as a student and/or supervisor.

Student Worker Signature: _____ **HSSU ID:** _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____