



This form should be used only by authorized departments in order to allow another Student Worker pick up the hours of their co-worker when coverage is mandatory and no other Student Workers are scheduled.

OFFICE NAME: _____ **PAY PERIOD:** _____

STEP 1: DETAILS OF SCHEDULED SHIFT

This information identifies the person who was originally scheduled for the shift that is to be covered.

SCHEDULED STUDENT WORKER:

REASON SHIFT CAN'T BE WORKED BY SCHEDULED STUDENT WORKER:

DATE OF SHIFT:	SCHEDULED SHIFT'S START TIME:	SCHEDULED SHIFT'S END TIME:
	: AM PM	: AM PM

STEP 2: SUBSTITUTE'S DETAILS

This information identifies the person who is now covering the original shift.

SUBSTITUTING STUDENT WORKER:

SHIFT COVERAGE - START TIME:	SHIFT COVERAGE - END TIME:	NUMBER OF HOURS WORKED:
: AM PM	: AM PM	

STEP 3: AUTHORIZATION

This information identifies the person who is authorizing this shift exchange.

NAME:	TITLE:	PHONE NUMBER OR EMAIL ADDRESS:

This form should be completed, printed out, and attached to the back of the time sheet for each shift that is exchanged. Failure to attach this authorization will result in the hours being removed from the time sheet.

Student Worker Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____