

Date Received:

Rota Shift Swap Form

This form must be completed in full and signed by all people involved in the swap.

Please return this form to the Rota Co-Ordination team. Once this form has been approved, you are obliged to carry out the swap.

Directorate: _____ Staff Grade: _____

Initial Swap: Please print clearly

Date of shift to be swapped	Shift Type	Name of Doctor originally working the shift	Name of Doctor who has agreed to work shift

Repaid Swap: Please print clearly

Date of shift to be swapped	Shift Type	Name of Doctor originally working the shift	Name of Doctor who has agreed to work shift

Tick to confirm that your duties will not be affected by this swap.

It is your professional responsibility to organise your clinical commitments.

Print Name: _____ Signature _____

Print Name _____ Signature _____

Consultant Approval (if necessary)

APPROVED / NOT APPROVED Signed: _____ Date: _____

Rota Coordinator Approval

APPROVED / NOT APPROVED Signed: _____ Date: _____