

# REQUEST FORM

**ONE REQUEST PER FORM**

**Mandatory Shift Extension, HRD Request, No Lunch, Shift Trade**

Today's Date: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_ Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Department: \_\_\_\_\_ Unit: \_\_\_\_\_ Shift: \_\_\_\_\_

**REQUESTING THE FOLLOWING:**

Mandatory Shift Extension     HRD Request     No Lunch Request     Shift Trade

Call In (Nurse Manager/Supervisor to dictate the reason)

- For No Lunch Request to be paid at one and one half time, Nurse Manager (See 1. at bottom) must be notified one hour before intended lunch and no coverage provided

Reason: \_\_\_\_\_

**SHIFT TRADE:**

I, \_\_\_\_\_ agree to work on \_\_\_\_\_ and in  
(Print Name & Title) (Date & Shift)

accordance, \_\_\_\_\_ agrees to work \_\_\_\_\_ for me.  
(Print Name & Title) (Date & Shift)

This is an agreed trade and is subject to approval by the department's Nurse Manager. Trades cannot result in overtime unless approved by Nurse Manager.

\_\_\_\_\_  
Employee Signature and Date

\_\_\_\_\_  
Employee Signature and Date

**HRD REQUEST** (Advance HRD requests cannot be submitted more than 72 hours before start of requested HRD shift, minimum of 12 hours before start of HRD request)

**PLEASE CIRCLE APPROPRIATE MONTH AND DAY(S) YOU ARE REQUESTING HRD:**

JAN		FEB		MAR		APRIL		MAY		JUNE		JULY		AUG		SEPT		OCT		NOV		DEC	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16								
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31									

**MANDATORY EXTENSION OF SHIFT & NO LUNCH REQUEST**

Mandatory Extension of Shift     No Lunch Request

Name of Nurse Manager/Supervisor notified of need for lunch coverage: \_\_\_\_\_

Time Start _____	Time End _____	Total time _____:
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Employee Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Received By: \_\_\_\_\_

**Approved**   
  **Denied**   
  **Revised as Follows:**

Comments: \_\_\_\_\_

Nurse Manager/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

1. Return slip to 1) Nurse Manager, if unavailable then 2) Nurse Manager Covering, if unavailable then 3) Supervisor, keep a copy for yourself
2. If you are off site, please call the 1) Nurse Manager, if unavailable 2) Nurse Manager Covering, if unavailable 3) Supervisor to request, they will complete the Request Form
3. All Request Forms will be approved/denied by 1) Nurse Manager, if unavailable 2) Nurse Manager Covering, if unavailable 3) Supervisor, then forwarded to Staffing Office. A copy of the approved/denied form will be sent to employee

White - Staffing Office    Canary - Nurse Manager    Pink - Employee