ARMED GUARD PRIVATE SECURITY INC.

Employee Shift Change Request Form

Employee ID _____ Date _____

Employee Name (Print) _____

Employee Signature _____

Requested change effective date:_____

Reason for change request:

_____

_____

Instructions:

This form should be completed when requesting a change to your New Hire Availability Form or previously approved Shift Change Request Form. Armed Guard will not approve requests for shift changes for at least 6 months from your last approved change request. We cannot guarantee that we will have shifts available if you change your availability. If your request is approved, it may take up to 2 published schedule cycles to implement your requested change. Your anticipated schedule change date will be listed below.

Remember, our schedules are dictated by our clients' needs. Having a restricted availability may impact the total hours you may be scheduled to work for a given week. The times listed below are NOT actual scheduled shift times. Your actual assignment(s) and shift times will be sent to you no later than Wednesday each week via your work email based on your stated availability.

To complete the form, circle the time or times you are **available** to work for each day of the week, based on the definitions below:

No Restrictions (NR) – You are available for any shift that begins on this day.

Day Shift (DAYS) – start no earlier than 0600, end no later than 1800

Swing Shift (SWING) – start no earlier than 1100, end no later than 0200

Graveyard Shift (GRAVES) – start no earlier than 1900, end no later 0800

No Availability (NA) – You are **not** available for any shift that BEGINS on this day.

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Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
☐ NR	☐ NR	☐ NR	☐ NR	☐ NR	☐ NR	☐ NR
☐ DAYS	☐ DAYS	☐ DAYS	☐ DAYS	☐ DAYS	☐ DAYS	☐ DAYS
☐ SWINGS	☐ SWINGS	☐ SWINGS	☐ SWINGS	☐ SWINGS	☐ SWINGS	☐ SWINGS
☐ GRAVES	☐ GRAVES	☐ GRAVES	☐ GRAVES	☐ GRAVES	☐ GRAVES	☐ GRAVES
☐ NA	☐ NA	☐ NA	☐ NA	☐ NA	☐ NA	☐ NA

Provide any additional details or specific scheduling restrictions:

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_____

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_____

FOR HUMAN RESOURCES USE:

☐ Denied

☐ Approved starting anticipated workweek date: _____

Date Reviewed: _____ Reviewed by: _____

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Any additional details or specific scheduling restrictions:

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