

Shift Swaps

If you are rostered for a shift which you are no longer able to work, rather than request leave for the shift you may wish to swap shifts with a colleague.

You can discuss possible shift swaps with your colleagues and once you have both agreed on a swap that is mutually suitable you can complete and submit a shift swap request. It is the responsibility of the individual originally rostered to organise all components of the shift swap.

When requesting a shift swap, please take into account the following parameters;

- You can only swap shifts with a colleague at the same level
- The swap cannot result in either party working more than 7 shifts straight or more than 14 hours straight
- The form will need to be signed off by both parties involved in the shift swap prior to submission
- A shift swap from must be completed and submitted to Medical Administration with a minimum notice period of 14 days.
- If a request is submitted within the 14 day notice period, it should be flagged with Medical Administration for special consideration and noted for immediate action


 Medical Officer Shift Swap/Exchange
 Calvary Public Hospital Bruce
 Function: Medical Administration

 FORM
 Version 1.0

Medical Officer Rostered Shift Swap/Exchange Request

Medical Officer Rostered Shift Swap / Exchange Request FORM				
Requesting Medical Officer:	Name:			
	Classification (please tick): Advanced Trainee Registrar <input type="checkbox"/> Senior Registrar <input type="checkbox"/>			
	Senior RMO <input type="checkbox"/>	RMO <input type="checkbox"/>	Intern <input type="checkbox"/>	
	Rostered shift (date/shift):			Department:
Accepting Medical Officer for shift swap:	Name:			
	Classification (please tick): Advanced Trainee Registrar <input type="checkbox"/> Senior Registrar <input type="checkbox"/>			
	Senior RMO <input type="checkbox"/>	RMO <input type="checkbox"/>	Intern <input type="checkbox"/>	
	Rostered shift (date/shift):			Department:
Reason for request	Requesting MO to complete:			
Agreement	I hereby agree to swap / exchange the rostered shift as above, in accordance with Calvary Public Hospital Bruce's procedure, and acknowledge that the following core Roster Swap/Exchange Principles include: <ul style="list-style-type: none"> • A shift swap must be between JMOs of same classification (e.g. RMO and RMO) and within the same pay period • A shift swap will not be authorised if it would result in CPHB incurring additional labour costs, or a reduction in services. • A shift swap must be authorised by an Authorising Department as per CPHB's procedure (e.g. Medical Administration Department), to be valid. • Two JMOs who swap/exchange shifts must not then request a further shift swap associated with the same swap. • In the event the JMO agreeing to the request to swap a shift is no longer available or does not attend for the arranged shift exchange, then CPHB will expect that the originally rostered JMO will be required to fill that shift. 			
Requesting MO	Signature			Date
Accepting MO	Signature			Date
Supporting Dept Director	Department	Name	Signature	Date

 Approved by: Medical Administration Manager Approved Date: 17/1/2017
 UNCONTROLLED WHEN PRINTED Review Date: 30/3/2017

Page 1 of 2

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Example of Shift Swap Form

You can obtain a blank shift swap from the Medical Administration web page, by sending an email request for the form to Medical Administration or you can pick up a hard copy of the form from the Medical Administration office