



EXCHANGE OF DUTY NOTIFICATION FORM

Date Filed: _____

I. Duty Exchange Details

Requesting Party (Nurse On Duty)	Requestee (Reliever Nurse)
Name: _____	Name: _____
Unit/Ward: _____	Unit/Ward: _____
Position: _____	Position: _____
Designation: _____	Designation: _____
Contact No.: _____	Contact No.: _____

II. Shift Schedule to be Exchanged

Original Duty of Requesting Party	Duty to be Covered by Requestee
Date: _____	Date: _____
Shift: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NOC	Shift: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NOC
Time: _____ to _____	Time: _____ to _____

III. Reason for Exchange of Duty

- Personal Matter Medical Appointment Emergency Official Business
 Other: _____

Brief Explanation:

IV. Agreement and Confirmation

Signature of Requesting Party	Signature of Requestee
Date: _____	Date: _____

V. Supervisor Approval (**with the approval of the immediate supervisor*)

 Immediate Supervisor / Rotating
 Unit: _____
 Date: _____

Recommendation: Approved
 Disapproved

(Cancellation of an approved exchange of duty schedule is strictly not allowed.)