



**EXCHANGE OF DUTY NOTIFICATION FORM**

Date Filed: \_\_\_\_\_

**I. Duty Exchange Details**

Requesting Party (Nurse On Duty)	Requested Party (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	Original Duty of Requested Party
Date: _____	Date: _____
Shift: <input type="checkbox"/> 6-2 <input type="checkbox"/> 2-10 <input type="checkbox"/> 10-6 <input type="checkbox"/> Others	Shift: <input type="checkbox"/> 6-2 <input type="checkbox"/> 2-10 <input type="checkbox"/> 10-6 <input type="checkbox"/> Others
Time: _____	Time: _____
FINAL DUTY SCHEDULE	FINAL DUTY SCHEDULE
Date: _____	Date: _____
Shift: <input type="checkbox"/> 6-2 <input type="checkbox"/> 2-10 <input type="checkbox"/> 10-6 <input type="checkbox"/> Others	Shift: <input type="checkbox"/> 6-2 <input type="checkbox"/> 2-10 <input type="checkbox"/> 10-6 <input type="checkbox"/> Others
Time: _____	Time: _____

**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 Requested Party
Date: _____	Date: _____

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

\_\_\_\_\_  
 Immediate / Rotating Supervisor  
 Unit: \_\_\_\_\_  
 Date: \_\_\_\_\_

Recommendation:  Approved  
 Disapproved  
 If Disapproved, reason: \_\_\_\_\_

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



Republic of the Philippines  
Department of Health  
**MARGOSATUBIG REGIONAL HOSPITAL**  
Margosatubig, Zamboanga del Sur  
**NURSING SERVICE DEPARTMENT**

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