



# HORRY COUNTY FIRE/RESCUE

2560 North Main Street, Suite 1  
Conway, SC 29526

(843) 915-5190

(843) 915-6190 – Fax



## SHIFT CHANGE REQUEST FORM

Employee Requesting Shift Change: \_\_\_\_\_

Station Assignment: \_\_\_\_\_ Rank: \_\_\_\_\_

Requesting Employee's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Employee Agreeing to Change: \_\_\_\_\_

Station Assignment: \_\_\_\_\_ Rank: \_\_\_\_\_

Agreeing Employee's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date (s) of Change:

Requesting Employee: From: \_\_\_\_\_ To: \_\_\_\_\_

Agreeing Employee: From: \_\_\_\_\_ To: \_\_\_\_\_

Exact Reason For Change: \_\_\_\_\_

Requesting Employee's Supervisor Signature: \_\_\_\_\_

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

Agreeing Employee's Supervisor Signature: \_\_\_\_\_

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

Scheduling Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved [ ] Date: \_\_\_\_\_

Denied [ ] Date: \_\_\_\_\_

Date Schedule Adjusted: \_\_\_\_\_

**\*\*THIS FORM MUST BE COMPLETELY FILLED OUT WITH ALL SIGNATURES IN PLACE BEFORE APPROVAL WILL BE GRANTED\*\***