

# Franklin County Department of Public Safety

## AUTHORIZATION FOR WORK SUBSTITUTION

The undersigned individuals have requested that authorization be given to substitute working hours and have agreed to comply with the policies as established in Standard Operating Guideline **ADMIN 8**, Shift Exchange.

### SCHEDULED EMPLOYEE

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Name (Print)

I, \_\_\_\_\_

Name (Print)

### AGREE TO WORK FOR:

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Name (Print)

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### ON:

Date

From (Hours) To (Hours)

## Authorized Signatures

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**Scheduled Employee**

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**Date**

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**Supervisor of Scheduled Employee**

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**Date**

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**Substituting Employee**

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**Date**

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**Supervisor of Substituting Employee**

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**Date**