

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

Name (Print)

I, _____

Name (Print)

SUBSTITUTING EMPLOYEE

Name (Print)

Station / Shift

AGREE TO WORK FOR:

Name (Print)

Station / Shift

ON:

Date

From (Hours) To (Hours)

Authorized Signatures

Scheduled Employee

Date

Supervisor of Scheduled Employee

Date

Substituting Employee

Date

Supervisor of Substituting Employee

Date