TRAVIS COUNTY EMERGENCY SERVICES DISTRICT #1

EMPLOYEE REQUEST FOR TRADE

Employee Name: _____ Last 4 SSN: _____
FIRST LAST

Station: _____ Shift: _____ Rank: _____

I hereby request _____ hours off:

On _____/_____/_____ from _____ a.m. / p.m., until _____a.m. / p.m. on _____/_____/_____
MM DD YYYY MM DD YYYY

Working in my place as a trade will be: _____
FIRST LAST

I hereby agree to pay back this trade:

On: ☐ TBA or

On _____/_____/_____ from _____ a.m. / p.m., until _____a.m. / p.m. on _____/_____/_____
MM DD YYYY MM DD YYYY

Employee paying back trade: _____
SIGNATURE

_____ _____/_____/_____
EMPLOYEE SIGNATURE MM DD YYYY

_____ _____/_____/_____
SUPERVISOR SIGNATURE MM DD YYYY