

ROTATION AND SHIFT SWAP APPLICATION FORM



Roster Changes **MUST** comply with 'Northern Health - Junior Medical Officer Change of Shift Policy'
 All shift and rotation swaps must be notified using this form and submitted to JMWU with a minimum of **one (1) week** prior to the date of the shift.
 Note: Both parties **MUST** agree to change and **MUST** sign this form. Emails will not be accepted.
All swaps MUST be approved by the Heads of the Units and JMWU.

Are you applying for: Rotation Swap: Shift Swap:

JMO #1			JMO #2		
Name:			Name:		
Emp. Number:			Emp. Number:		
Current rotation:			Current rotation:		
Rotation/shift dates:	To:		Rotation/shift dates:	To:	
Proposed rotation:			Proposed rotation:		
Rotation/shift dates:	To:		Rotation/shift dates:	To:	
I have informed the Head of Unit of the swap <input type="checkbox"/>			I have informed the Head of Unit of the swap <input type="checkbox"/>		
Signature:	_____		Signature:	_____	

TO BE COMPLETED BY HEAD OF UNIT

Unit Head #1 name:	Signature:	Date: / /
_____	_____	
Unit Head #2 name:	Signature:	Date: / /
_____	_____	

Submit this form to MWU (JMS Office) either: in person / email: northerndoctorsworkforce@nh.org.au

JMWU OFFICE USE ONLY:

Date received		Received by (name):		Date entered on RON/Allocation Planner	
Date Approved:		Approved by (name):		Signature:	_____
Roster change results in overtime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If yes, is overtime approved?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Rotation Swap Authorised by Director JMWU?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Signature _____	
Email notification sent to:	JMO #1	<input type="checkbox"/>	Date: / /		
	Unit Head #1	<input type="checkbox"/>	Date: / /		
	JMO #2	<input type="checkbox"/>	Date: / /		
	Unit Head #2	<input type="checkbox"/>	Date: / /		