

SHIFT CHANGE FORM

Location: _____ Shift: _____

Employee On Shift:

Full Name: _____

Employee ID: _____

Department/Team: _____

Contact Info: _____

Employee Taking Over Shift:

Full Name: _____

Employee ID: _____

Department/Team: _____

Contact Info: _____

Shift Details:

Shift Start Time: _____ Shift End Time: _____

Date of Shift Change: _____

Handover Notes and Instructions:

Acknowledgements and Agreements:

By signing below, both employees acknowledge that the handover information provided herein is accurate and complete to the best of their knowledge. Both parties agree to comply with all applicable workplace policies and safety regulations during the shift change process. Each employee understands the importance of clear communication and accepts responsibility for any issues arising from incomplete or inaccurate handover information. This Shift Change Form may be used as a legal record of the transfer of duties and responsibilities between employees.

Signatures:

Employee On Shift

Employee Taking Over Shift

This Shift Change Form is intended to comply with applicable United States labor laws and regulations. Any disputes arising from the shift change or related responsibilities shall be governed by the laws of the United States and respective State jurisdiction. Employees are encouraged to retain a copy of this form for their records.

Original source of this document:

<https://formtemplate-us.com/shift-change-form/>

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