

Peabody Police Department

TIME OFF/SWAP REQUEST

WATCH PATROL

Date of Request: _____

Time of Request: _____

I, _____, request the following shift(s) off- date(s): _____

Birthday Personal Time Vacation UBTD Work Adjustment Holiday Day Comp Day

Total number of hours requested: _____

If requesting less than 8 hours:

Requesting _____ hours from _____ hrs to _____ hrs.

Approved

Date Entered into IMC _____

Denied

Reason Denied: _____

Watch Commander Signature

SWAP

Request approval of shift swap:

Officer A, _____, is requesting a shift swap with Officer B, _____,

for the date of _____ Number of Hours: _____

Payback date: _____ from _____ hrs to _____ hrs

Patrol Commander Signature

****Swaps shall be paid back within 90 days of acceptance****

****All entries in IMC shall have the date of approval and the supervisor's initials in the attendance comment section****

****Both Officers' entries for swaps must be noted in the IMC comment section****

Copy shall be forwarded to the Patrol Commander for review.