

# AQUATIC SHIFT CHANGE FORM

This form must be submitted to the appropriate Aquatic Recreationist or designate in advance of the shift change. The shift is the responsibility of the original staff until this form is approved by your Aquatic Recreationist or designate (Pool Manager, Instructor In-Charge etc.).

All replacement staff must hold the minimum qualifications for the position they are replacing, bring original awards and have attended the current session's staff training.

Instructional – All appropriate lesson plans, test sheets and shift information must be passed on to the replacement.

Guarding – All relevant information regarding the shift must be communicated to the replacement.

Staff name:	Phone #:
Position:	Location:
Time of shift:	Date of shift:

Name of replacement:	Phone #:
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Hereby, I agree to replace \_\_\_\_\_ for the above shift. I understand that by signing this form the shift will become my responsibility and I meet all of replacement criteria (hold minimum awards for position, will bring originals of my awards and have attended the current session's staff training).

Replacement Signature:
Date:

Date form submitted:
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<b>Checklist</b>
<input type="checkbox"/> Lesson plans received <input type="checkbox"/> Test sheets received <input type="checkbox"/> Awards checked <input type="checkbox"/> Shift change noted in logbook

Shift change form was approved by (Aquatic Recreationist or designate):

Printed name:	Position:
Signature:	Date: