



Application for Exchanging Day Off

I (Name & Number).....

Working..... Duty in the

Week Ending..... Apply for permission to

Exchange my DAY OFF from.....To.....

With (Name & Number).....

Working Duty.....

We all agree to the above exchange (Sign below)

Number..... Signed.....

Number..... Signed.....

Date of Application.....

Not less than 2 days notice must be given before exchanges can be permitted
NOTE: It is clearly understood that any attachment or adjustment to either of the above