## FAIRFAX COUNTY SHERIFF'S OFFICE DUTY EXCHANGE REQUEST FORM

EMPLOYEE REQUESTING EXCHANGE:		DATE:	
SUPERVISOR ACKNOWLEDGEMENT:	badge or EIN #	DATE:	
	HANGE AGREE		
Print name & badge or EIN #	REES TO WORK F	OR EMPLOYEE:	Print name & badge or EIN #
BEGINNING ON: ENDING ON:	DATE:	TIME: TIME:	
IN EXCHANGE EMPLOYEE:	WILL WORK FOR EMPLOYEE:		
IN EXCHANGE EMPLOYEE: Print name & badg	ge or EIN #		Print name & badge or EIN #
BEGINNING ON:	DATE:	TIME:	
ENDING ON:	DATE:	TIME:	
<ul> <li>Time and attendance records must i</li> <li>The Duty Roster will show D/E for</li> <li>Any duty exchange must occur with</li> <li>No more than three days per pay pe</li> <li>Shift Lieutenants or Sergeants (swo Duty Exchange Request before a du</li> </ul>	employees working thin the same pay period may be exchanged forn) or the immedia	ng the exchange. eriod. anged. ate supervisor (civil	
REQUIRED S	SIGNTURES FOI	R APPROVAL	
REQUESTING EMPLOYEE		AGREEING EMPLOYEE	
IMMEDIATE SUPERVISOR		IMMEDIATE SUPERVISOR	
REQUEST IS: APPROVED: When completed, copy in quadruplicate. Each employee	involved and their super	DENIED: visor should receive a cop	by.

\*Each employee involved in the duty substitution acknowledges by their signatures that they have read and fully understand all procedures outlined above for duty substitutions

Revised: 09/2018