HOLIDAY
SWAP DAY REQUEST WALLKILL CAN PLANT

To: Production Supervisor

Subject: Holiday Swap Day Program

Copies: Payroll Clerk, Replacement Employee Supervisor,
Requesting Employee's Department file
(Original to Personnel Department)

I, _____Clock No. _____ Assigned To

_____ Crew understand that no swap day will be approved if it results in any additional cost to the company and have checked with my supervisor to ensure it.

Knowing this I have obtained_____ Clock No. _____

Assigned to _____crew to work in my place on _____start time _____am pm

(A Minimum of one (1) Day's notice is required for a Holiday swap day request)

_____ _____
Employee Requesting Swap Day Date

_____ _____
Supervisor Date

I, _____ Clock No._____ understand that the day That I work will not count as overtime nor have anything to do with the overtime program.
I have checked with my supervisor to ensure that it will not result in any additional cost to the Company.
I also understand that once I accept , if I fail to show , I will be subjected to removal from the Swap program for six months.

_____ _____
Replacement Employee Date

_____ _____
Supervisor Date

_____ _____
Department Manager Date

_____ _____
Production Manager Date