EXCHANGE OF KELLY DAYS/TIME TRADE		PAY PERIOD ENDING				DATE OF REQUEST				
PART I To be completed by employees										
WE REQUEST EXCHANGE OF KELLY DAYS/TIME AS FOLLOWS										
NAME (First Employee)	TIME	E DAY	DATE	MONTH	то	TIME	DAY	DATE	MONTH	
NAME (Second Employee)	TIME	E DAY	DATE	MONTH	то	TIME	DAY	DATE	MONTH	
WE AGREE TO REPORT FOR DUTY ON TIMES AGREED UPON AND RECOGNIZE THAT FAILURE TO REPORT FOR DUTY AS AGREED MAY RESULT IN DISCIPLINARY ACTION.										
SIGNATURE (First employee)				SIGNATURE (Second employee)						
PART II (To be completed by Assistant Fire Chief)										
REQUEST APPROVED	REQUEST DISAPPROVED									
REASON(S) FOR DISAPPROVAL										
SIGNATURE (Assistant Fire Chief)						DATE				