

# Roster Swaps

*(All swaps must be approved by Medical Staffing)*

### Existing Roster

	Name	Position	Day	Date	Time from	Time To
Dr A						
Dr B						

### New Roster

	Name	Position	Day	Date	Time from	Time To
Dr A						
Dr B						

Reason for Swap:.....

***We have checked our oncall roster and this swap will NOT affect any other working commitments.***

Signature of agreement to roster changes by Doctor A.....

Signature of agreement to roster changes by Doctor B.....

**Departments notified by Doctors.**

- Switchboard RCH
- Medical staffing office

*Office Use Only:*

Date Received:.....

Approved on: ..... Approved by: .....