

DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

SHIFT TRADE REQUEST CANCELLATION

INSTRUCTIONS: This form must be completed by Bargaining Unit Employees (BUEs) wanting to cancel a shift trade. BUEs must complete the form in its entirety including signatures and dates. Once completed submit the form to the designated management employee or Point Of Contact no later than twenty four (24) hours in advance of the start time of the first affected shift noted on this form. A copy of the original approved [TSA Form 1160-8, Shift Trade Request](#) must also accompany this cancellation form.

NOTE: This Shift Trade Request Cancellation form **must** be printed as a two sided document and must show all required signatures and dates. Use one Shift Trade Request Cancellation form per shift trade being cancelled. The requestor must ensure the completed Shift Trade Request Cancellation form is delivered to the designated management official or POC for final approval no later than the twenty four (24) hour period referenced in the above paragraph and to payroll for entry in Workforce Central and filing.

SECTION I. Requestor

Name		Badge No.	Phone No.
Airport Code	Status <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Position	
Current RDO(s)		Shift Hours (hh/mm) Begin: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. End: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Certification (select one)	<input type="checkbox"/> Baggage	<input type="checkbox"/> Checkpoint	<input type="checkbox"/> Dual Function
Duty Location	Terminal/Concourse	Checkpoint	Baggage Other
Shift Trade Type requesting to be cancelled: (select one) <input type="checkbox"/> Shift Trade <input type="checkbox"/> One-way Shift Trade			
I agree to cancel the following shift trade as noted (enter name) _____			
on (enter dates) _____ from/to (enter shift hours) _____			
Requestor's Signature _____		Date _____	
Comments (optional)			

SECTION II. Primary Trader Information

Name		Badge No	Phone No.
Airport Code	Status <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Position	
Current RDO(s)		Shift Hours (hh/mm) Begin: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. End: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Certification (select one)	<input type="checkbox"/> Baggage	<input type="checkbox"/> Checkpoint	<input type="checkbox"/> Dual Function
Duty Location	Terminal/Concourse	Checkpoint	Baggage Other
Shift Trade requesting to be cancelled: (select one) <input type="checkbox"/> Shift Trade <input type="checkbox"/> One-way Shift Trade			
I agree to cancel the following shift trade for (enter name) _____			
on (enter dates) _____ from/to (enter shift hours) _____			
Primary Trader's Signature _____		Date _____	
Comments (optional)			

SECTION III. Secondary Trader Information <i>(complete if applicable)</i>			
Name		Badge No	Phone No.
Airport Code	Status <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Position	
Current RDO(s)		Shift Hours <i>(hh/mm)</i> Begin: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. End: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Certification <i>(select one)</i>	<input type="checkbox"/> Baggage	<input type="checkbox"/> Checkpoint	<input type="checkbox"/> Dual Function
Duty Location	Terminal/Concourse	Checkpoint	Baggage Other
Shift Trade Requesting to be cancelled: <i>(select one)</i> <input type="checkbox"/> Shift Trade <input type="checkbox"/> One-way Shift Trade			
I agree to cancel the following shift trade for <i>(enter name)</i> _____			
on <i>(enter dates)</i> _____ from/to <i>(enter shift hours)</i> _____			
Secondary Trader's Signature _____		Date _____	
Comments <i>(optional)</i>			
SECTION IV. Approving Official			
Part A. Intake Information			
Date Received	Received by <i>(print name)</i>	Mode <input type="checkbox"/> Fax <input type="checkbox"/> Hand Delivered From <i>(print name)</i> :	
Comments <i>(if required)</i>			
Part B. Approving Official			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <i>(provide justification)</i>			
Justification			
Name <i>(print)</i> :		Signature	Date
Additional Comments <i>(optional)</i>			

Each BUE is to receive a signed copy of the Shift Trade Request Cancellation and the original is to be filed with the requesting employee's official time/leave record for the pay period the trade was scheduled to be worked. Copies are filed in the leave record of any other applicable BUEs. The designated management official or POC must ensure the final approved original and copies are appropriately filed.

PRIVACY ACT STATEMENT: AUTHORITY: 49 U.S.C. § 114(n). **Principal Purpose(s):** This information will be used to grant approval of shift trade request cancellations. **Routine Use(s):** This information may be shared with Government and non-Government organizations, and with the Department of Homeland Security, or for routine uses identified in TSA system of records, DHS/TSA 022 National Finance Center Payroll Personnel System. **DISCLOSURE:** Voluntary; failure to furnish the requested information may result in an inability to cancel shift trade requests.