



**NATIONAL CENTER FOR MENTAL HEALTH  
HUMAN RESOURCE MANAGEMENT OFFICE  
EXCHANGE OF DUTY, DAY-OFF AND ADDITIONAL DAY-OFF**

*HRMO Exchange  
of Duty & Day-Off  
Rev. 2  
07 July 2022*

OFFICE/SECTION/PAVILION: \_\_\_\_\_

DATE: \_\_\_\_\_

LOCAL: \_\_\_\_\_

CHANGE OF DUTY       CHANGE OF DAY-OFF       ADDITIONAL DAY-OFF

(NAME)	(ID NUMBER)	(SERVICE)	(PRESENT SCHEDULE)	(CHANGE TO)

NOTE:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(EMPLOYEE'S SIGNATURE OVER PRINTED NAME)

RECOMMENDING APPROVAL:

\_\_\_\_\_  
IMMEDIATE SUPERVISOR  
(SIGNATURE OVER PRINTED NAME)

\_\_\_\_\_  
SECTION CHIEF/AUTHORIZED REPRESENTATIVES

APPROVED BY:

\_\_\_\_\_  
CHIEF OF SERVICE



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