

# TOUR OF DUTY EXCHANGE REPORT

## CHICAGO POLICE DEPARTMENT

REQUESTING MEMBER NAME (Print)		STAR NO.	REPLACING MEMBER NAME (Print)		STAR NO.
UNIT	WATCH	DAY OFF GROUP	UNIT	WATCH	DAY OFF GROUP
REQUESTED DAY OFF		DATE WORKING RDO	DATE WORKING RDO		REQUESTED DAY OFF

The above tour of duty exchange is agreed upon, meets eligibility criteria, and must be completed in accordance with the Department directive entitled "Tour of Duty Exchange."

REQUESTING MEMBER SIGNATURE	STAR NO.	DATE
REPLACING MEMBER SIGNATURE	STAR NO.	DATE

I confirm the below use of elective time off was denied and this tour of duty exchange has been agreed upon, meets eligibility criteria, and is approved.

REQUESTED DAY OFF	DATE SUBMITTED	DATE OF DENIAL	DENYING SUPERVISOR		
REQUESTING MEMBER'S APPROVING SUPERVISOR (Print)	SUPERVISOR'S SIGNATURE		STAR NO.	DATE	TIMEKEEPER'S SIGNATURE
REPLACING MEMBER'S APPROVING SUPERVISOR (Print)	SUPERVISOR'S SIGNATURE		STAR NO.	DATE	TIMEKEEPER'S SIGNATURE