

ORDER GIVEN BY EMPLOYER

I am changing the shift roster of the employee / ordering them to continue their work shift.

Employee's name:

Employer and workplace:

Work shift that corresponds to the confirmed shift roster (date and time)

Point in time for the changed work shift after the change made in the shift roster (date and time)

Reasons for order given by employer:

Place and time:

Employer's name and signature:

E-mail address

Phone number

Submit the form primarily to your shop steward. If your workplace lacks one, submit the form to your region's regional office.