

Shift Redistribution Authorization

Employees and Timekeepers are to use this form when working hours outside their Home Department and time is to be charged to an Alternate Department. **Use a separate copy of this form for each Alternate Department.**

For OVERTIME SHIFTS: in addition to the Shift Redistribution Form, it is the employee's responsibility to notify the department/unit that the shift(s) they are working is eligible for Overtime. The employee must complete the overtime form and have it approved.

For Instructions on completing this form, please refer to the Shift Redistribution Reference Guide on Insite: Teams > Human Resources > e-People > Time Management > Timekeeper Resources

A. To be completed by employee – All fields are required – Please PRINT CLEARLY.	
Employee Name (<i>Last, First</i>)	Employee ID #
Home Time Location Code & Description	Employee Record #
Home Timekeeper/Scheduler Name	Timekeeper/Scheduler Fax # or Email

B. To be completed by authorized person from Alternate Department							
Date <small>(yyyy-Mon-dd)</small>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Shift Start Time							
Shift End Time							
Job Code <small>(as required)</small>							
Code <small>(eg AR1)</small>	# of hours	# of hours	# of hours	# of hours	# of hours	# of hours	# of hours

Please refer to the Time Reporting Codes list on Insite: Teams > Human Resources > e-People > Time Management > Timekeeper Resources

C. Alternate Department Authorizations											
Alternate Department ID	DOHRA										
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5											
Authorizing Name (<i>Last, First</i>)	Employee ID #										
Authorizing Signature	Alternate Work Site										
Phone #	Date (<i>yyyy-Mon-dd</i>)										

- Home Department Timekeeper - file a copy of this form for your records.
- Alternate Timekeeper or Authorizing individual must submit the form as per the table below:

Home Department	Alternative Department	Submit form to
Workforce ESP*	Workforce ESP in the same ESP Zone	No form required
Workforce ESP	Workforce ESP different ESP Zone	payrolladmin.ahs@albertahealthservices.ca
Workforce ESP	e-People	payrolladmin.ahs@albertahealthservices.ca
e-People/Telestaff	Workforce ESP	Home Timekeeper/Telestaff Timekeeper
e-People/Telestaff	e-People	Home Timekeeper/Telestaff Timekeeper

*Workforce ESP - Provincial Staffing Services, for details and contact see Insite > Teams > Provincial Staffing Services > contact
 Your personal information on this form is collected under the legal authority of section 33(c) of the Freedom of Information and Protection Privacy Act. This information will be used by or disclosed for employment purposes. For questions, concerns, or more information about the collection, use or disclosure of your personal information, please contact HR Shared Services by calling 1-877-511-4455, by email at hrcontactcentre@ahs.ca, or by mail 10301 Southport Lane SW, Calgary AB T2W 1S7.
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