



# CALLBACK FORM

It is requested that: \_\_\_\_\_ be paid / accrue time (circle one)

Call-Back for \_\_\_\_\_ hours.

From: \_\_\_\_\_ To: \_\_\_\_\_  
Time Date Time Date

Normal work hours: \_\_\_\_\_

Were you called in? \_\_\_\_\_ Held over? \_\_\_\_\_ On Standby? \_\_\_\_\_  
Yes/No Yes/No Yes/No

Notified by whom? \_\_\_\_\_

Time and date notified: \_\_\_\_\_  
Time Date

Time arrived for duty: \_\_\_\_\_ Time Released: \_\_\_\_\_

Reason for Call-back: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date

Indicate the time and date that the employer had knowledge of the need for staffing.

\_\_\_\_\_  
Time Date

\_\_\_\_\_  
Department Head Signature Date

Note: If employee hire date is after 6/30/08 must attach a copy of declaration of emergency.