OVERTIME/CALLBACK FORM

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

Call-Back / Overtime (circle one) for _____ hours.

<u>Remember: Callback hours start when you arrive back at work and begin working.</u>

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 Callback: _____

_____

_____ _____
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.