

Overtime Refusal / Callout Refusal Reporting Form

| | |
|----------------|------------------------------------|
| Date Worked: | Feb 26 2024 S2 Contractor Matching |
| Person Worked | Several |
| Work Order No. | |

| Date Requested | Persons Called Out or Requested to Work Overtime (in order requested) | Refusal (note time refused) | Accepted (note time accepted) | Not Available (note time called) | No Answer (note time called) | Hours Chg | | Reason For Callout | Performed position tasks without assistance Yes / No |
|----------------|---|-----------------------------|-------------------------------|----------------------------------|------------------------------|-----------|----|---------------------|--|
| | | | | | | OT | DT | | |
| Feb 23/24 | S Wegenast | | 20:45 | | | | | Contractor Matching | Yes |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

This form is to be completed on each occasion that overtime or a callout is worked or refused by an employee.

Supervisor lyin Akingbade