

# Overtime Refusal / Callout Refusal Reporting Form

Sheet 1 of 1

|                |                                 |
|----------------|---------------------------------|
| Date Worked:   | March 31 & April 1 Physical Lab |
| Person Worked  | Glen Rosseker                   |
| 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 |                    |  |
| March 30       | Glen Rosseker   |                             | 18:45                         |                                  |                              | 24        |    | Cover phys lab     | Y  |
|                |   |                             |                               |                                  |                              |           |    |                    |  |
|                |   |                             |                               |                                  |                              |           |    |                    |  |
|                |   |                             |                               |                                  |                              |           |    |                    |  |
|                |   |                             |                               |                                  |                              |           |    |                    |  |
|                |   |                             |                               |                                  |                              |           |    |                    |  |
|                |   |                             |                               |                                  |                              |           |    |                    |  |
|                |   |                             |                               |                                  |                              |           |    |                    |  |
|                |   |                             |                               |                                  |                              |           |    |                    |  |
|                |   |                             |                               |                                  |                              |           |    |                    |  |

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

Supervisor Kerry Friedrich

Distribution: Supervisor / R. Skinner