## Overtime Refusal / Callout Refusal Reporting Form

| Date Worked:   | Nov 20, 2023 S2 CCO |
|----------------|---------------------|
| Person Worked  | C Wilson            |
| Work Order No. |                     |

| Date<br>Requested | Persons Called Out or<br>Requested to Work<br>Overtime<br>(in order requested) | Refusal<br>(note time<br>refused) | Accepted<br>(note time<br>accepted) | Not<br>Available<br>(note time<br>called) | No Answer<br>(note time<br>called) | Hours Chg<br>OT DT |  | Reason For Callout     | Performed<br>position tasks<br>without<br>assistance<br>Yes / No |
|-------------------|--------------------------------------------------------------------------------|-----------------------------------|-------------------------------------|-------------------------------------------|------------------------------------|--------------------|--|------------------------|------------------------------------------------------------------|
| Nov 17/23         | C Wilson                                                                       |                                   | 10:00                               |                                           |                                    |                    |  | D Crew CCO<br>coverage | Yes                                                              |
|                   |                                                                                |                                   |                                     |                                           |                                    |                    |  |                        |                                                                  |
|                   |                                                                                |                                   |                                     |                                           |                                    |                    |  |                        |                                                                  |
|                   |                                                                                |                                   |                                     |                                           |                                    |                    |  |                        |                                                                  |
|                   |                                                                                |                                   |                                     |                                           |                                    |                    |  |                        |                                                                  |
|                   |                                                                                |                                   |                                     |                                           |                                    |                    |  |                        |                                                                  |
|                   |                                                                                |                                   |                                     |                                           |                                    |                    |  |                        |                                                                  |
|                   |                                                                                |                                   |                                     |                                           |                                    |                    |  |                        |                                                                  |
|                   |                                                                                |                                   |                                     |                                           |                                    |                    |  |                        |                                                                  |
|                   |                                                                                |                                   |                                     |                                           |                                    |                    |  |                        |                                                                  |

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

Supervisor Iyin Akingbade