## Overtime Refusal / Callout Refusal Reporting Form

| Date Worked:   | Nov 18, 2025 S1 Utility |
|----------------|-------------------------|
| Person Worked  | R Perneel               |
| 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 (note time accepted) | Not<br>Available<br>(note time<br>called) | No Answer (note time called) | Hours | s Chg<br>DT | Reason For Callout | Performed position tasks without assistance Yes / No |
|-------------------|--|-----------------------------------|-------------------------------|---|------------------------------|-------|-------------|--------------------|--|
| Nov 14/25         | R Perneel  |                                   | 6:15                          |   |                              | 12    |             | C Crew Utility     | 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 |  |
|------------|----------------|--|
| 1          | , ,            |  |

Distribution: Supervisor / R. Skinner