## Overtime Refusal / Callout Refusal Reporting Form

| Date Worked:   | July 28 & 29, 2025 S1 Lab                          |  |  |  |  |
|----------------|----------------------------------------------------|--|--|--|--|
| Person Worked  | Chris Wilson (July 28), Pat Mildenberger (July 29) |  |  |  |  |
| 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<br>(note time<br>called) | Hours | s Chg<br>DT | Reason For Callout | Performed position tasks without assistance Yes / No |
|-------------------|--------------------------------------------------------------------------------|-----------------------------------|-------------------------------|-------------------------------------------|------------------------------------|-------|-------------|--------------------|------------------------------------------------------|
| July 25           | Pat Mildenberger                                                               |                                   | 11:00                         |                                           |                                    | 12    |             | Cover D Crew       | Yes                                                  |
| July 25           | Glen Rosseker<br>No coverage for phys<br>lab available                         |                                   | 11:30                         |                                           |                                    |       |             |                    |                                                      |
| July 26           | Chris Wilson                                                                   |                                   | 14:30                         |                                           |                                    | 12    |             |                    |                                                      |
|                   |                                                                                |                                   |                               |                                           |                                    |       |             |                    |                                                      |
|                   |                                                                                |                                   |                               |                                           |                                    |       |             |                    |                                                      |
|                   |                                                                                |                                   |                               |                                           |                                    |       |             |                    |                                                      |
|                   |                                                                                |                                   |                               |                                           |                                    |       |             |                    |                                                      |
|                   |                                                                                |                                   |                               |                                           |                                    |       |             |                    |                                                      |
|                   |                                                                                |                                   |                               |                                           |                                    |       |             |                    |                                                      |

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

Distribution: Supervisor / R. Skinner