

# Overtime Refusal / Callout Refusal Reporting Form

Sheet 1 of 1

|                |                        |
|----------------|------------------------|
| Date Worked:   | July 03, 2025 S1 Mills |
| Person Worked  |                        |
| 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 |                    |                                                      |
| June 30        | Nicholas Kaiser                                                       |                             | 16:03                         |                                  |                              |           |    | Cover B crew       | Yes                                                  |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |

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

Supervisor Y Gomenyuk

Distribution: Supervisor / R. Skinner