## Overtime Refusal / Callout Refusal Reporting Form

| Date Worked:   | May 22, 2025 S2 CU#1 |
|----------------|----------------------|
| Person Worked  | None                 |
| 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) | Hour | s Chg<br>DT | Reason For Callout    | Performed position tasks without assistance Yes / No |
|-------------------|--------------------------------------------------------------------------------|-----------------------------------|-------------------------------|-------------------------------------------|------------------------------------|------|-------------|-----------------------|------------------------------------------------------|
| May 21/25         | A Wyrozub                                                                      | 14:21                             |                               |                                           |                                    |      |             | Cover CU#1 for B crew |                                                      |
|                   |                                                                                |                                   |                               |                                           |                                    |      |             |                       |                                                      |
|                   |                                                                                |                                   |                               |                                           |                                    |      |             |                       |                                                      |
|                   |                                                                                |                                   |                               |                                           |                                    |      |             |                       |                                                      |
|                   |                                                                                |                                   |                               |                                           |                                    |      |             |                       |                                                      |
|                   |                                                                                |                                   |                               |                                           |                                    |      |             |                       |                                                      |
|                   |                                                                                |                                   |                               |                                           |                                    |      |             |                       |                                                      |
|                   |                                                                                |                                   |                               |                                           |                                    |      |             |                       |                                                      |

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

| Supervisor | I Akingbade |  |
|------------|-------------|--|
|            |             |  |

Distribution: Supervisor / R. Skinner