## Overtime Refusal / Callout Refusal Reporting Form

| Date Worked:   | Sep 16, 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) | Hours | s Chg<br>DT | Reason For Callout | Performed<br>position tasks<br>without<br>assistance<br>Yes / No |
|-------------------|--|-----------------------------------|-------------------------------|---|------------------------------------|-------|-------------|--------------------|--|
| Sep 15/25         | D Sandberg   | 20:23                             |                               |   |                                    |       |             | A crew CU#1        |  |
| Sep 16/25         | N Kaiser   | 4:03                              |                               |   |                                    |       |             |                    |  |
|                   |  |                                   |                               |   |                                    |       |             |                    |  |
|                   |  |                                   |                               |   |                                    |       |             |                    |  |
|                   |  |                                   |                               |   |                                    |       |             |                    |  |
|                   |  |                                   |                               |   |                                    |       |             |                    |  |
|                   |  |                                   |                               |   |                                    |       |             |                    |  |
|                   |  |                                   |                               |   |                                    |       |             |                    |  |

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

| Supervisor | Iyinoluwa Akingbade |  |
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|            |                     |  |

Distribution: Supervisor / R. Skinner