

# Overtime Refusal / Callout Refusal Reporting Form

Sheet 1 of 1

|                |                          |
|----------------|--------------------------|
| Date Worked:   | July 31/26 S1 Crusher PA |
| Person Worked  | B Hardie                 |
| 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 |                         |                                                      |
| July 28/26     | B Hardie                                                              |                             | 19:33                         |                                  |                              | 12        |    | Cover Crusher PA D crew | Yes                                                  |
|                |                                                                       |                             |                               |                                  |                              |           |    |                         |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                         |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                         |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                         |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                         |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                         |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                         |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                         |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                         |                                                      |

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

Supervisor Yuriy Gomenyuk

Distribution: Supervisor / R. Skinner