

# Overtime Refusal / Callout Refusal Reporting Form

Sheet 1 of 1

|                |                           |
|----------------|---------------------------|
| Date Worked:   | November 26 & 27, 2025 S1 |
| Person Worked  | Richard Lawson            |
| 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 |                               |                                                      |
| November 23, 2025 | Richard Lawson                                                        |                             | 18:00 (for both)              |                                  |                              |           |    | C-crew shift utility coverage | Yes                                                  |
|                   |                                                                       |                             |                               |                                  |                              |           |    |                               |                                                      |
|                   |                                                                       |                             |                               |                                  |                              |           |    |                               |                                                      |
|                   |                                                                       |                             |                               |                                  |                              |           |    |                               |                                                      |
|                   |                                                                       |                             |                               |                                  |                              |           |    |                               |                                                      |
|                   |                                                                       |                             |                               |                                  |                              |           |    |                               |                                                      |
|                   |                                                                       |                             |                               |                                  |                              |           |    |                               |                                                      |
|                   |                                                                       |                             |                               |                                  |                              |           |    |                               |                                                      |
|                   |                                                                       |                             |                               |                                  |                              |           |    |                               |                                                      |

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

Supervisor Omotayo Ige