

# Overtime Refusal / Callout Refusal Reporting Form

Sheet 1 of 1

|                |                        |
|----------------|------------------------|
| Date Worked:   | July 28, 2025 Phys Lab |
| 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 |                    |                                                      |
| July 26        | Stuart Bilodeau                                                       | 8:30                        |                               |                                  |                              |           |    | Cover phys lab     | Yes                                                  |
| July 26        | Dustin Sandberg                                                       | 9:15                        |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
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|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |

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

Supervisor Kerry Friedrich

Distribution: Supervisor / R. Skinner