

# Overtime Refusal / Callout Refusal Reporting Form

Sheet 1 of 1

|                |              |
|----------------|--------------|
| Date Worked:   | Aug 26/26 S2 |
| 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 |                      |                                                      |
| Aug 23/26      | Sarah Eddy                                                            | 23:20                       |                               |                                  |                              |           |    | Cover crusher A crew |                                                      |
|                | Corey Dockum                                                          | 21:20                       |                               |                                  |                              |           |    |                      |                                                      |
|                | Jason Blaikie                                                         | 21:15                       |                               |                                  |                              |           |    |                      |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                      |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                      |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                      |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                      |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                      |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                      |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                      |                                                      |

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

Supervisor Sheldon Brain

Distribution: Supervisor / R. Skinner