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| --- | --- |
| Date Worked: | Sep 23, 2025 S1 CCO |
| Person Worked | C Wilson |
| 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  OT DT | | Reason For Callout | Performed position tasks without assistance  Yes / No |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sep 19, 2025 | C Wilson |  | 08:00 |  |  | 12 |  | Cover CCO for C crew | Yes |
|  |  |  |  |  |  |  |  |  |  |
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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 I Akingbade