

# Overtime Refusal / Callout Refusal Reporting Form

Sheet 1 of 1

|                |                           |
|----------------|---------------------------|
| Date Worked:   | Sep 4, 2025 S1 Crusher PA |
| Person Worked  | None                      |
| 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 |                    |                                                      |
| Sep 1/25       | Z Brain                                                               | 11:00                       |                               |                                  |                              |           |    | C Crew crusher PA  |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |
|                |                                                                       |                             |                               |                                  |                              |           |    |                    |                                                      |

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

Supervisor Iyinoluwa Akingbade