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| --- | --- |
| Date Worked: | Aug 10, 2025 S2 Lab |
| Person Worked | C Quaife |
| 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 ChgOT DT | Reason For Callout | Performed position tasks without assistanceYes / No |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Aug 09, 2025 | C Quaife |  | 22:53 |  |  |  |  | Cover Chemical Lab for A 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