ON-CALL ASSIGNMENT

Employee's Name:		Pay Period:			nent Start Date:	Start Time:	
Reason for assignment:					End Date:	End Time:	
		Î Total hours covered by on-call assignment:					
Division Manager signature		er signature	Date				
		ON-CALL DO	CUMENTA	TION			
		**** TOTAL ON-CALI	L HOURS TO BE I	PAID ****			
Total # hours co		S Total # leave hours (sick, vacation, other) Total # hours on-call status					
	**** DOCUMEN	TATION OF HOURS WOR	RKED IN RESPON	SE TO CALLS TO) DUTY ****		
DATE & TIME of call to duty	REASON for call to duty	Ï Travel Start TIME & LOCATION	Arrival TIME at Work Site	TIME Work Completed	D TIME Completed Travel from Site	TOTAL (Ï -Ð)	
Employee signatur	re		Date				
Division Manager	signature		Date			02/00	