



# Department of Juvenile Justice CAREER SERVICE ON-CALL

NAME: \_\_\_\_\_ PEOPLE FIRST ID: \_\_\_\_\_  
First Name MI Last Name

CLASS TITLE: \_\_\_\_\_

POSITION NUMBER: \_\_\_\_\_ NORMAL WORKING HOURS: \_\_\_\_\_

PAY PERIOD DATES: \_\_\_\_\_

**Computation of Payment for On-Call:**

Weekday

\$1.00 x \_\_\_\_\_ hours \$ \_\_\_\_\_

Weekend and/or Holiday

\$ \_\_\_\_\_ (1/4 of statewide min. of the employee's class per hour) X \_\_\_\_\_ hours \$ \_\_\_\_\_

TOTAL PAYMENT FOR ON-CALL

CALLED BACK PERIOD:			ASSIGNED TO ON-CALL DUTIES:			TOTAL
DATE	TIME(S)HOURS		DATE	TIME(S)HOURS		
_____	from: _____	to _____	_____	from: _____	to _____	_____
_____	from: _____	to _____	_____	from: _____	to _____	_____
_____	from: _____	to _____	_____	from: _____	to _____	_____
_____	from: _____	to _____	_____	from: _____	to _____	_____
_____	from: _____	to _____	_____	from: _____	to _____	_____
_____	from: _____	to _____	_____	from: _____	to _____	_____
_____	from: _____	to _____	_____	from: _____	to _____	_____
_____	from: _____	to _____	_____	from: _____	to _____	_____
_____	from: _____	to _____	_____	from: _____	to _____	_____
_____	from: _____	to _____	_____	from: _____	to _____	_____
_____	from: _____	to _____	_____	from: _____	to _____	_____
_____	from: _____	to _____	_____	from: _____	to _____	_____
_____	from: _____	to _____	_____	from: _____	to _____	_____

(ADD ADDITIONAL SHEET IF NECESSARY)

TOTAL HOURS CREDITED FOR CALL BACK \_\_\_\_\_.

I CERTIFY THAT THIS FORM REFLECTS A TRUE AND ACCURATE RECORD OF MY ON-CALL DUTY.

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE