



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	DATE	TIME(S)HOURS	DATE	
_____	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 _____	_____	_____
_____	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