## Department of Juvenile Justice

# CAREER SERVICE ON-CALL

NAME: _____ _____ _____ PEOPLE FIRST ID: _____

First Name MI Last Name

CLASS TITLE: _____

POSITION NUMBER: _____ NORMAL WORKING HOURS: 0:00 am - 0:00 pm

PAY PERIOD DATES: 1/1/16 1/14/16

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Computation of Payment for On-Call:

Weekday

$1.00 x _____ hours $ 0.00

Weekend and/or Holiday

$ _____ (1/4 of statewide min. of the employee's class per hour) X _____ hours $ 0.00

TOTAL PAYMENT FOR ON-CALL

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| CALLED BACK PERIOD: | | | | | ASSIGNED TO ON-CALL DUTIES: | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| DATE | | TIME(S)HOURS | | | DATE | | TIME(S)HOURS | | | TOTAL |
| | from: | | to | | | from: | | to | | 0:00 |
| | from: | | to | | | from: | | to | | 0:00 |
| | from: | | to | | | from: | | to | | 0:00 |
| | from: | | to | | | from: | | to | | 0:00 |
| | from: | | to | | | from: | | to | | 0:00 |
| | from: | | to | | | from: | | to | | 0:00 |
| | from: | | to | | | from: | | to | | 0:00 |
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| | from: | | to | | | from: | | to | | 0:00 |
| | from: | | to | | | from: | | to | | 0:00 |
| | from: | | to | | | from: | | to | | 0:00 |

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(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

Revised 1/8/15

Save As Reset/Clear Form Print Form