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: 12/27/19 1/9/20

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

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
	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

(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

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