



On-Call and Standby Duty

One-time payment

Name: _____

Empl ID #: _____

Department: _____

This form is turned in to Payroll for payment as soon as the weekend or weekly assignment is complete.

Details of Duty:

<u>Date</u>	<u>Number of On-Call/ Standby Period(s)*</u>	<u>\$ Amount/ Period</u>	<u>\$ Total/Day</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Pay Amount

**Period is the period of time that earns a payment.*

Example: Day-3pm to Midnight, 7am to 4pm (9 hrs.), or Night-12am to 3pm, 4pm to 7 am, etc. (15 hrs.)

Employee Signature: _____ **Date:** _____

I hereby certify this a true and accurate record of my time on Standby or On-Call Duty

Supervisor/Department Approval	
Supervisor Signature: _____	Date: _____
I hereby certify this is a true and accurate record of the above employee's time on Standby or On-Call Duty	
HR/Payroll Approval: _____	Date: _____