

# ANGLOPHONE WEST SCHOOL DISTRICT

## On-Call Overtime Claim Form - Article 15.03

Fredericton Payroll Fax #453-7925

Oromocto Payroll Fax #357-4012

Woodstock Payroll Fax #325-4898

When completing this timesheet, please identify Call Back - Overtime work.

S.I.N.: \_\_\_\_\_

Claim for Payment

NAME: \_\_\_\_\_

Claim for Lieu Time

Date of Call Back: \_\_\_\_\_

Time of Call Back: \_\_\_\_\_

Call received from: \_\_\_\_\_

Name of Facility Called Back to: \_\_\_\_\_

Time of Arrival \_\_\_\_\_

Time of Departure \_\_\_\_\_

Provide details of emergency & describe work completed: \_\_\_\_\_

(additional comments can be made on reverse)

Was additional assistance required? Why? \_\_\_\_\_

Name of individual or company who provided additional assistance? \_\_\_\_\_

DATE: _____	Signature of Employee
DATE: _____	Signature of BMF/SPS
DATE: _____	Facilities Manager

### *District Office Use:*

Hourly Rate: \_\_\_\_\_ Number of Hours \_\_\_\_\_ Total Payment: \_\_\_\_\_ Pay Date: \_\_\_\_\_