

Mandatory Overtime Record Sheet

Provide the following information for the employee mandated to work overtime:

Employee Name: _____

Job Title: _____

Name of Work Area/Unit: _____

Date Overtime Was Mandated: _____

Start Time: _____

of O.T. Hours Mandated: _____

What was the employee's daily work schedule for the week in which overtime was mandated:

	Start Time	End Time		Start Time	End Time
Sunday	_____	_____	Thursday	_____	_____
Monday	_____	_____	Friday	_____	_____
Tuesday	_____	_____	Saturday	_____	_____
Wednesday	_____	_____			

Describe the reason why overtime was necessary: _____

The following section is intended to document efforts which were made to avoid the assignment of mandatory overtime:

1) Number of employees who were requested to work voluntary overtime: _____

2) Names of employees who were requested to work voluntary overtime:

_____	_____	_____
_____	_____	_____
_____	_____	_____

3) Describe efforts made to secure Per Diem staff to work mandated overtime hours:

4) List temporary agencies contacted in an attempt to secure coverage for mandated overtime hours:

_____	_____	_____
_____	_____	_____

Overtime Authorized By

Date

Signature of Employee Working O.T.

Date