

Employee OT/ET/ReCall Form

The purpose of this form is to verify **ALL ReCall hours worked in any unit, including home unit**; and to verify all **OT/ET (extra time) hours worked only in areas outside your home unit**. Please return the completed form to your **home unit manager** to ensure proper credit for hours worked. This form is required for all staff (PEF and CSEA) within the Nursing Department.

SECTION I: OT/ET/ RECALL INFORMATION

Emp ID#:		Employee Name:	
Home Department:			

DATE	IN TIME	OUT TIME	DEPARTMENT WORKED	INDICATE OT, ET, RECALL

SECTION II: EMPLOYEE SIGNATURE

Employee- By signing below, I am verifying that the above hours were worked.

Employee Signature:		Date	
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Were the hours worked as a Safety Companion
 YES NO

SECTION III: TRANSFER DEPARTMENT MANAGER/PSL/CHARGE NURSE SIGNATURE

MANAGER/PSL/CHARGE NURSE By signing below, I acknowledge that the above hours were worked in my department (transfer department) by the above named employee.

Transfer Dept Signature:		Date	
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