

**SUNY UPSTATE MEDICAL UNIVERSITY
ON-CALL AND RECALL PAY AUTHORIZATION FORM
FOR ELIGIBLE PROFESSIONAL EMPLOYEES**

FM10.02
Rev: 08/29/07

ID No: _____ Employee Name _____
 Department _____ Pay Period - Begin: _____ End: _____
 Position Title _____ Regular Shift - Days: _____ Time: _____

Example:	Dates	Check Pass Days	1st	2nd	3rd	Total Hours		1st	2nd	3rd	Total Hours
Thursday	6/23			5PM-11PM	11PM-7AM	14			5PM-9PM		4 *

NOTE: For night shifts, please note hours on the day in which the majority of hours are worked. Ex: 3rd shift above would begin on Wed. night at 11pm, but would be recorded at Thursday since 7 of the 8 hours are worked on Thursday.

	Dates	Check Pass Days	ON-CALL SHIFTS * (List actual hours on call)				Total Hours	RECALL HOURS WORKED (List actual hours worked in shift)				Total Hours
			1st	2nd	3rd	1st		2nd	3rd			
Thursday												
Friday												
Saturday												
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												
Monday												
Tuesday												
Wednesday												
							←-----TOTALS-----→					

***NOTE:** An employee who is recalled during an On-Call shift will receive Recall payment for the time worked (min. 1/2 day pay).
 For UUP and Council 82 represented employees: On-Call payment is reduced by the Recall hours paid during that shift. (Using the example at the top of the form, 4 hours Recall and 10 hours of On-call would be paid).
 For CSEA and PEF represented employees: They are entitled to receive the appropriate Overtime or Recall compensation in addition to the approved Standby compensation. (Using the example at the top of the form, 4 hours of Recall and 14 hours of On-Call would be paid).

EMPLOYEE SIGNATURE		DATE:	
--------------------	--	-------	--

SUPERVISOR SIGNATURE:		DATE:	
-----------------------	--	-------	--

"I certify the above named employee was assigned On-Call shifts and/or worked on a Re-Call basis as noted above."

**PLEASE SUBMIT THIS FORM TO PAYROLL SERVICES AT JACOBSEN HALL, ROOM 100 NO LATER THAN
THE FRIDAY SUBSEQUENT TO THE PAYROLL PERIOD END DATE.
QUESTIONS: PLEASE EMAIL TIMEKEEP@UPSTATE.EDU OR CALL US AT 464-4840**