

NAME: _____ POSITION: _____ EMP #: _____
PAY PERIOD COVERED: _____ THROUGH _____ SITE: _____

[illegible]

Week On Call Start End		Number Of Days On Call	Number Of Holidays On Call	Total Number Of Callouts	Notes

A4 – Union Business	A5 – Negotiations	B - Bereavement (form required)	C – Comp
E – Catastrophic Leave	F - FMLA	H – Holiday	J - Jury Duty (form required)
K - Paid Admin Leave	M – Military	NS - Non Student (hourly only)	P/D - Personal Discretion
P/N - Personal Necessity (form required)		Q - CFRA	S - Sick
SB - School Business	V – Vacation	W - Workers’ Comp	Y - Unpaid Admin Leave

EMPLOYEE SIGNATURE: _____ ADMINISTRATORS APPROVAL: _____

CALLOUT SUMMARY

PAY PERIOD
COVERED: _____ THROUGH _____ SITE: _____

Please use blue or black ink only. NO pencil or red ink and DO NOT USE white out.

EMPLOYEE SIGNATURE: _____ ADMINISTRATOR APPROVAL: _____