

Request for On-Call Pay for Classified Staff

Use this form to document justification of on-call pay for an employee specifically assigned in advance to such status, and for positions not published as eligible for on-call pay.

Employee Name: _____ Employee ID _____

Job Code and Title: _____

Position #: _____ Department: _____

Requested Effective Date: _____

Please check any of the following that apply to this position.

- Employee in this position EXPECTS to be called back into work during the on-call period.
- Employee in this position is severely restricted geographically during the on-call period.
- Employee in this position must be constantly available by telephone during the on-call period.
- Position is not exempt from the FLSA overtime provisions.

Please complete the following:

How often, and for what period of time is this position typically on-call?

Are comparable positions in the marketplace compensated this way? If so, provide documentation.

Please document any recruitment or retention issues your department has experienced that are directly related to lack of on-call compensation.

Any other relevant information:

This department has considered the financial implications of requesting on-call status for this position.

Immediate Supervisor Approval _____ Date _____

Appointing Authority Approval _____ Date _____

Vice President Approval _____ Date _____

President Approval _____ Date _____