

EMERGENCY CALL-IN (PREMIUM PAY)

WEEK ENDING DATE: _____

ACCOUNT #: _____

EMPLOYEE NAME: _____

SOCIAL SECURITY #: _____

CLASSIFICATION: _____

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DATE: _____ CR: _____

TIME IN: _____

TIME OUT: _____ SR#: _____

NO. OF HOURS: _____

WORK SITE AND REASON: _____

+++++

DATE: _____ CR: _____

TIME IN: _____

TIME OUT: _____ SR#: _____

NO. OF HOURS: _____

WORK SITE AND REASON: _____

+++++

DATE: _____ CR: _____

TIME IN: _____

TIME OUT: _____ SR#: _____

NO. OF HOURS: _____

WORK SITE AND REASON: _____

+++++

DATE: _____ CR: _____

TIME IN: _____

TIME OUT: _____ SR#: _____

NO. OF HOURS: _____

WORK SITE AND REASON: _____

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EMPLOYEE'S SIGNATURE DATE

AUTHORIZING OFFICIAL DATE