MANDATORY OVERTIME COMPLAINT FORM

Employee Name: _______________________________ Title: __________________
Department: ____________________________ Date:___________________________

1. Calendar day and date of mandatory overtime:
   Please check the day:
   [ ] Sun  [ ] Mon  [ ] Tues  [ ] Wed  [ ] Thurs  [ ] Fri  [ ] Sat
   , __________, ____, 20__
   Month  Day  Year

   Work unit/area where mandatory overtime was worked: _______________
   Shift: ______________

   Total number of hours of mandatory overtime: ____________________.

2. Did you receive supporting documentation at the time you were required to work?   Yes________  No_______
   Comments:__________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

3. Complaint:
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

__________________________________________ _____________________
Employee Signature       Date