



**Due by 10th of the Month**

# On-Call Duty / Monthly Timecard

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Month of: \_\_\_\_\_

## On-Call Duty

Is it the supervisor's responsibility to record all employees' On-Call Monthly Work Assignments and submit to payroll. Circle the days worked, total the number and indicate in the space provided.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

	Number of Days Worked	Daily Rate	Amount Due
On-Call - 3022		\$10.00	\$

CT	OT	3030 — Job Description	Hours	Date

## Monthly Timecard

CT	OT	3130 — Job Description	Hours	Date

Employee Signature: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_