

# SUNY Downstate Medical Center

## Department of Nursing Services

### Bi-Weekly Report of On-Call / Recall Services

For The Bi-Weekly Period

to

Unit

Date	Employee Name	Title	Line #	Regular To/From Hours	O.T. Hours	Oncall Sched.	Total Hours Oncall	Total Hours Recall

NOTE: Although routine overtime is noted on this form it is not used for the purpose of paument of overtime.  
Overtime payment is accomplished throught the use of the Supervisors Report of Overtime Form.

\_\_\_\_\_  
Department Head/Supervisor      Date

\_\_\_\_\_  
Administrator /Designee      Date