

Bi-Weekly NTP Report of On-Call/Recall Services (For Use By Eligible Staff Only)

For The Bi-Weekly Period From _____ To _____

Name _____ Deptment _____ Title _____

NYS# or SUNY # _____ Line No. _____ Function Code _____ Regular Shift _____

Section 1: I certify that I have fulfilled the On-Call/Recall Services indicated below.

A		B	C			D			E	F*
Click To Check Pass Days		Date: Month/Day	Actual Hours on-Call (From: __To: __)			Actual Hours Recalled (From: __To: __)			Tot. Hrs. of Payable On-Call	Tot. Hrs. of Payable Recall
			Night	Day	Evening	Night	Day	Evening		
T	<input type="checkbox"/>									
F	<input type="checkbox"/>									
S	<input type="checkbox"/>									
S	<input type="checkbox"/>									
M	<input type="checkbox"/>									
T	<input type="checkbox"/>									
W	<input type="checkbox"/>									
T	<input type="checkbox"/>									
F	<input type="checkbox"/>									
S	<input type="checkbox"/>									
S	<input type="checkbox"/>									
M	<input type="checkbox"/>									
T	<input type="checkbox"/>									
W	<input type="checkbox"/>									
								TOTALS:	0.00	0.00

Section 2:

Date:

Signature:

I verify thta the On-Call/Recall Services as indicated above are, to the best of my knowledge, accurate and complete.

Date:

Signature:

Reset Form

*(See Instruction on next page)

Print Form

**INSTRUCTIONS FOR THE PREPARATION AND PROCESSING OF FORM HSCB-0017
BI-WEEKLY REPORT OF ON-CALL/RECALL SERVICES
FOR ELIGIBLE NTP EMPLOYEES****

1. Complete all information asked for at the top of Form HSCB-0017 specifying bi-weekly pay period (begins on Thursday following a payday), and regular shift as either Night, Day or Evening.
2. In Section 1, using only one line per daily entry, without the use of ditto marks, enter in:
 - a. **Column A:** A check mark in the appropriate box to indicate your bi-weekly pass days.
 - b. **Column B:** The month and day for each day of On-call/Recall service.
 - c. **Column C:** The actual hours of On-call for each shift (Night, Day, Evening) for that day, indicating the time(s), From-To, even if recalled during that shift.
 - d. **Column D:** The actual hours recalled in the Night, Day and Evening shifts, indicating the time, From-To, including multiple incidents of recalls on a given shift. Time to be reported in units of no less than 15 minutes.
 - e. **Column E:** The total number of hours that are payable as On-call service for that day.

NOTE: If you are recalled to work while in On-Call status, you are entitled to On-Call payment for those hours not compensated as recall. For example, if you are recalled for 2 hours during an 8 hour shift, 4 hours are payable as On-Call and 4 hours are payable as recall (see note on Column F regarding payable recall).
 - f. **Column F:** The total payable recall hours for all shifts that day as derived from Column D.

NOTE: If you are recalled to work while in On-Call status, you are entitled to a minimum of 4 hours of pay or actual hours worked, whichever is greater, at the rate of time and one-half. In the event you are recalled during the first 4 hours and subsequently recalled during the second 4 hours of an 8 hour on-call shift, you are entitled to 8 hours of recall pay at the rate of time and one-half. However, regardless of the number of recalls during each half of an 8 hour on-call shift, you may only be paid for 4 hours of recall per half shift. In no cases can you earn more than eight hours of recall pay during an 8 hour on-call shift. Follow this procedure for each Recall shift and provide one total for that day.
3. On the last day of the Bi-Weekly period enter totals for Columns E and F.
4. The employee certifies that he/she has been on-call and/or recalled as reported in Section 1, by dating and signing his/her full original signature in the space provided in Section 2.
5. The employee's Supervisor, Chairman or Director verifies the accuracy of the information reported on this form by dating and signing his/her full original signature in the space provided in Section 2.
6. Once the Supervisor has signed Form HSCB-0017, the original should be forwarded by the supervisor's office directly to Time & Attendance for processing. The original should not be returned to the employee. Of the remaining two (2) copies: one is to be kept on file by the employee's department; the other is for the employee's own record. Reports of On-Call/Recall are to be submitted no later than the Friday following the close of the bi-weekly reporting period for which you are reporting.

**** Only those Non-Teaching Professionals designated in the UUP Contract as eligible to receive On-Call/Recall payment are to prepare and submit a Bi-Weekly Report of On-Call/Recall Services. To determine eligibility, contact the Department of Human Resources. All On-Call/Recall services must be authorized by your Supervisor, Chairman, or Director.**