

Bi-Weekly 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="text"/> | | | | | | | | | |
| F | <input type="text"/> | | | | | | | | | |
| S | <input type="text"/> | | | | | | | | | |
| S | <input type="text"/> | | | | | | | | | |
| M | <input type="text"/> | | | | | | | | | |
| T | <input type="text"/> | | | | | | | | | |
| W | <input type="text"/> | | | | | | | | | |
| T | <input type="text"/> | | | | | | | | | |
| F | <input type="text"/> | | | | | | | | | |
| S | <input type="text"/> | | | | | | | | | |
| S | <input type="text"/> | | | | | | | | | |
| M | <input type="text"/> | | | | | | | | | |
| T | <input type="text"/> | | | | | | | | | |
| W | <input type="text"/> | | | | | | | | | |
| 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