

ON-CALL PAY REQUEST FORM
(OF-670)

Section Name: _____

Unit or Team name: _____

Job Title: _____

Position Number: _____ Personnel Area (107, 804, etc.) _____

Incumbent Name: _____ Personnel No: _____

Is there an approved on-call policy for your section? _____

Hourly Amount of On Call Pay: \$ _____

Check one:

_____ Add on-call to position Effective Date: _____

_____ Remove on-call from position Effective Date: _____

If request is to add on-call, please include reason why this position requires on-call status:

Supervisor signature

Date

Section Head signature

Date

Appointing Authority signature

Date

HR USE ONLY:

Position Attribute Added / Removed in ISIS by: _____ Date: _____

Incumbent Pay Record updated in ISIS by: _____ Date: _____