ON-CALL PAY REQUEST FORM
Division of Administration

SECTION: _____

UNIT: _____

Job Title: _____

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

Incumbent Name: _____   Personnel No: _____

Is there an approved on-call policy for your section? ____ Yes ____ No // Policy No. _____

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

OHR USE ONLY:

Position Attribute Added in LaGov by: _____   Date: _____

Position Attribute Removed in LaGov by: _____   Date: _____

Position Attribute Updated in LaGov by: _____   Date: _____

Incumbent Pay Record Updated in LaGov by: _____   Date: _____

OF-670   Last updated 3/2024