



## MANDATORY (Involuntary) CALL OFF TRACKING Form

Name:  
Unit:  
Cell phone:  
Week of:

Standard weekly hours (e.g. 32, 40 or PD (Per Diem)) :

TOTAL Hours called off for this pay period:

### Record in the table any and all information:

- 1. If you were sent home without the option of floating:**  
List dates, shifts, hours for each date.  
If paid, record in the table - vacation (v), holiday time (h), sick time (s) or unpaid (U) or NO if manager did not offer the use of paid time off.
- 2. If you were called off involuntarily for the entire week:**  
Complete the table with information for each day - date, shift & hours.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Date							
Shift time							
Hours							
Record V, H, S, U or for each day/date.							

Send form to: [eileen@unap.org](mailto:eileen@unap.org) SUBJECT: Mandatory Call Off  
fax to 831-3677 (attn: Eileen)

Keep a copy for your records.