Division of Wage and Hour Compilance Pax No. (609) 695-1190 Wagehour@dol.state.nj.us  Instructions: Complete both sides of this form and answer all questions. Please type or print legibly. Attach any document you may have that supports your complaint. Mail, fax, or e-mail all documentation to the address shown above.  Acceptance of this daim by the Department does not imply that the employer is in violation of any law or regulation mandatory overtime restrictions for health care facilities.  MANDATORY OVERTIME COMPLAINT FORM  I request the Commissioner of Labor to Investigate the claim indicated by the Information supplied in this complaint a advise me of the results of the Investigation. Please note that you may attach additional sheets in order to supply Department with detailed explanations of the questions contained in this form.  1. Name (Last) (Rirst) (Initial) 3. Social Security Number  2. Address 4. Telephone No. (Prest) (Initial) 3. Social Security Number  4. Telephone No. (Prest) (Initial) 5. Daytime Telephone No. or No. Where Message Can be Left (Prest) 6. Are you involved in direct patient care activities or clinical services? Prest No. Occupation and Job Title:  Briefly describe your job duties:  7. Are you an hourly employee? Prest No. If yes, what is your hourly rate of pay? \$	New '	lersey Denartr	ment of Labor		Fol No. (CO)	2 2 22 22 2		Case N	lumber (for the	io uso ophyl
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14. Were you participating in a surgical or therapeutic interventional procedure during which it would have been detrimental to the patient if you had left?

If yes, places explain (attach additional about 16).

Did you volunteer to work overtime or did you agree to be on-call?

If yes, please explain (attach additional sheets if necessary):

If yes, please explain (attach additional sheets if necessary):

☐ Yes ☐ No

□ No

☐ Yes

13.

15.	Did your employer explain the reason for the mandatory overtime?	☐ Yes	□ No							
	If yes, what reason was given?									
					27 17					
16.	Was the overtime required due to an unforeseeable circumstance?	D. V	5.11							
	If yes, what were the circumstances?	☐ Yes	□ No	☐ Not Sure						
	ar yes, what were the circumstances?									
17.	Do you believe the overtime was required due to vacancles									
	resulting from chronic staffing shortages?	☐ Yes	☐ No	☐ Not Sure						
	If yes, please explain and attach any supporting documentation:									
18.	Was the overtime required due to any declared national, State, or	***************************************		V.2						
	municipal emergency or disaster or other catastrophic event?	☐ Yes	☐ No	☐ Not Sure						
	If yes, please explain:									
19.	Was the overtime required because your employer activated its		14		<del></del>					
	emergency or disaster plan?	Yes	☐ No	☐ Not Sure						
9	If yes, please explain:									
20.	Depending on the reason for the mandatory overtime, your e reasonable efforts to obtain staffing. Please answer the following que	mployer m stions to the	ay have e best of	been required your knowledge:	to exhaust					
	a. Did your employer ask for volunteers to work overtime?	☐ Yes	□ No	☐ Not Sure						
	b. Did your employer contact employees who made			— 110t bait						
	themselves available to work extra time?	☐ Yes	☐ No	□ Not Sure						
	c. Did your employer contact per diem staff?	☐ Yes	□ No	☐ Not Sure						
	d. Did your employer contact a temporary agency?	☐ Yes	□ No	☐ Not Sure						
	<ul> <li>e. Did your employer provide you with any documentation which demonstrates their efforts to obtain staffing?</li> </ul>	☐ Yes	□ No	160						
	If yes, attach a copy of the documentation to this form.	4 105	4110							
21.	Prior to working the required overtime, did your employer provide you with the necessary time, up to a maximum of one hour, to arrange for the care of your minor children or elderly or disabled family members?   ☐ Yes ☐ No ☐ Not Appli-cable									
	If no: List the individuals (include ages of minor children) who requ			nts:	able					
	How much time dld your employer give you to make care arr	angements	, , ,							
	How much time did you need to make the arrangements?									
22.	Please use this space to provide any additional information you additional information you documentation you may have that supports your complaint.	may have r	egarding	this complaint.	Attach any					
		90			a					
23.	Under the provisions of N.J.S.A. 47:1A-1, et seq., Chapter 404, Records Act, all government records are subject to public access ur Act or other statutory mandate. Therefore, I hereby understand to Wage and Hour Compliance, may release my identity as a result of its	iless exemp the New Je	t from sursev Dep	ich access by pr artment of Labo	ovision of the					
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