



Case No. (for state use only):

Mandatory Overtime for Nurses Complaint Form

Instructions:

- Please type or print legibly.
Please attach documentation that supports your claim or provides a more detailed answer for any of the questions.
Mail, fax or e-mail your form to the address above.

Acceptance of this claim by the Department does not imply that the employer is in violation of any law or regulation on mandatory overtime restrictions for healthcare facilities.

1. Name: (Last) (First) (Initial) 3. Social Security Number: XXX - XX -

2. Street Address: City State Zip Code 4. Telephone number with area code: - -
5. Alternate telephone number: - -

6. Are you an hourly employee? Yes No Occupation/Job title:

7. Name of employer:

8. Employer street address: City State Zip Code Telephone number: - -

9. Name of supervisor: Telephone number: - -

10. Employer mailing address (if different from above):

11. Nature of employer's business: Hospital Nursing home Other - explain:

Mandatory Overtime Information

12. For each incident for which you had to work mandatory overtime, provide the date, the hours you were originally scheduled to work, and the overtime hours you were required to work.

Table with 7 columns: Date(s) MM/DD/YYYY, Original Schedule Start Time, End Time, Total Hrs., Mandatory Overtime Start Time, End Time, Total Hrs.

13. Did you volunteer to work this overtime? Yes No
If "Yes," please explain (attach additional sheets if necessary):

14. Did you previously agree to work on-call shifts?  
If "Yes," explain:  Yes  No
15. Did your employer explain the reason for the mandatory overtime?  
If "Yes," what reason was given?  Yes  No
16. Was the overtime required due to unforeseeable emergency circumstances?  
If "Yes," what were the circumstances?  Yes  No  Not Sure
17. Do you believe the overtime was required due to vacancies resulting from chronic staffing shortages? If yes, please explain and attach any supporting documentation:  Yes  No  Not Sure
18. Was the overtime required due to any declared national, state, or municipal emergency or disaster or other catastrophic event? If yes, please explain:  Yes  No  Not Sure
19. Was the overtime required because your employer determined there was a patient care emergency? If "Yes," please explain:  Yes  No  Not Sure
20. Depending on the reason for the mandatory overtime, your employer may have been required to exhaust reasonable efforts to obtain staffing. Please answer the following questions to the best of your knowledge:
- a. Did your employer ask for volunteers to work overtime?  Yes  No  Not Sure
  - b. Did your employer contact employees who made 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
21. Are you represented by a union?  
If "Yes," provide local name, number and address:  Yes  No
22. Please use the space below or a separate sheet of paper to provide any additional information you may have regarding this complaint. Attach any documentation you may have that supports your complaint.

*I request that the New York State Department of Labor, Division of Labor Standards, investigate the claim indicated by the information supplied in this complaint and advise me of the results of the investigation.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_