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: 4. Telephone number with area code: - -
   City State Zip 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>
<thead>
<tr>
<th>Date(s) MM/DD/YYYY</th>
<th>Original Schedule</th>
<th>Mandatory Overtime</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Start Time</td>
<td>End Time</td>
</tr>
</tbody>
</table>

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

Case No. (for state use only):
14. Did you previously agree to work on-call shifts? □ Yes □ No
   If “Yes,” explain:

Please specify any limitations to your voluntary overtime agreement and the specific time period, or state no limitations.
Report any change to your understanding of what you volunteered for.

15. Did your employer explain the reason for the mandatory overtime? □ Yes □ No
   If “Yes,” what reason was given?
Please make sure you capture managements reasoning; state whether this was a continuation of your workday or whether you were called in from home involuntarily. If you are told that there is no one to relieve you, be sure to ask if you are being mandated and state that you are not volunteering. This will help us build a case for their misuse of overtime.

16. Was the overtime required due to unforeseeable emergency circumstances? □ Yes □ No □ Not Sure
   If “Yes,” what were the circumstances?

   Please be sure to ask this question and if any proof can be provided in writing.

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
   Ask for/attach staffing schedules but make sure to be in compliance with HIPPA laws.

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

   Please ask if there is any documentation that would support that claim.

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: _________________________

LS 680 (04/17)  
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