

CERTIFICATION FOR PAYMENT OF CALL BACK PAY

FACILITY/OFFICE:	EMPLOYEE ID NUMBER:
EMPLOYEE NAME:	TITLE:
PAYGRADE:	HOURLY RATE:
REGULAR SCHEDULED WORK HOURS:	
CALL BACK DATES/TIME:	
DATE/DAY	TIME
FOR DEPARTMENT OF HUMAN RESOURCES OFFICE USE ONLY	
TOTAL # OF CALL BACKS:	
@ \$ _____ PER HOUR	
I CERTIFY THAT THE ABOVE NAMED EMPLOYEE OF THE GEORGIA DEPARTMENT OF CORRECTIONS MEETS ALL CRITERIA OUTLINED IN SOP 104.32, AND THEREFORE, IS ELIGIBLE TO BE PAID CALL BACK PAY.	
DATE:	Appointing Authority/Designee:
DATE:	Local Human Resources Representative: