

MANDATORY OVERTIME COMPLAINT FORM

RI Department of Labor & Training
 Workforce Regulation & Safety, Labor Standards Unit
 1511 Pontiac Avenue, Building 70-2 , PO Box 20390
 Cranston, RI 02920-4407

Tel. No. (401) 462-8550

www.dlt.ri.gov/lis

Case Number (for state use only):

Instructions: Complete this form and answer all questions. Please type or print legibly. Attach any documentation you may have that supports your complaint. Please note that you may attach additional sheets in order to supply the Department with detailed explanations of the questions contained in this form. **Mail all documentation to the address shown above.**

Acceptance of this claim by the Department does not imply that the hospital is in violation of any law or regulation on mandatory overtime restrictions for private, public or state hospitals. RIGL 23-17.20

1. Name (Last) (First) (Initial)	3. Social Security Number:
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2. Street Address	4. Telephone # with area code:
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City State Zip Code	5. Alternate telephone number:
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6. Are you an hourly employee? If yes, what is your hourly rate of pay? \$_____ per hour	Yes	No	Occupation/Job Title: _____
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7. Name of Employer

8. Employer Street Address

City	State	Zip Code	Telephone No.
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9. Employer Mailing Address (if different from above):

10. Nature of Employer's Business:

MANDATORY OVERTIME INFORMATION

11. 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.

Date(s)	Original Schedule			Mandatory Overtime		
MM/DD/YYYY	Start Time	End Time	Total Hrs.	Start Time	End Time	Total Hrs.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

12. Did you volunteer to work overtime?
 If yes, please explain (attach additional sheets if necessary):

Yes No

13. Did your employer explain the reason for the mandatory overtime? If yes, what reason was given?	Yes	No	
14. Was the overtime required due to an unforeseeable emergent circumstance? If yes, what were the circumstances?	Yes	No	Not Sure
15. 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
16. 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
17. Was the overtime required because your employer activated its emergency or disaster plan? If yes, please explain:	Yes	No	Not Sure
18. 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
e. Did your employer provide you with any documentation which demonstrates their efforts to obtain staffing within 5 days? If yes, attach a copy of the documentation to this form.	Yes	No	
19. Please use this space to provide any additional information you may have regarding this complaint. Attach any documentation you may have that supports your complaint.			
I request the RI Department of Labor & Training to investigate the claim indicated by the information supplied in this complaint and advise me of the results of the investigation. Signature _____ Date _____			