



**Department of Labor and Workforce Development
Labor Standards and Safety Division**

Wage and Hour Administration

3301 Eagle Street Suite 301

Anchorage, Alaska 99503

www.labor.alaska.gov/lss

Phone: 269-4900 Fax: 269-4915

OVERTIME LIMITATIONS NURSE COMPLAINT FORM

Date: _____

Claimant Name: _____

Address: _____

Phone: _____

Cell: _____

E-mail Address: _____

Name of Health Care Facility: _____

Address: _____

Phone: _____

Fax: _____

Printed Name of Supervisor: _____

"on-call" means a status in which a nurse must be ready to report to the health care facility and may be called to work by the health care facility;

"overtime" means the hours worked in excess of a predetermined and regularly scheduled shift that is agreed to by a nurse and a health care facility;

Date of alleged violation: _____

Were you *asked* or *directed* to work past your predetermined regularly scheduled shift? _____

Did you agree to work past your predetermined regularly scheduled shift? _____

Did you work past your predetermined regularly scheduled shift? _____

Who asked/directed you? (Name and Title) _____

Phone: _____

Fax: _____

Are you represented by a union? _____ If so, name, address and phone number of the union:

Please describe the circumstances surrounding their request for you to work past your predetermined regularly scheduled shift? _____

What was your scheduled shift on the date of the alleged violation: From _____ to _____

What is your regularly scheduled shift?

Sun	Mon	Tue	Wed	Thur	Fri	Sat
Sun	Mon	Tue	Wed	Thur	Fri	Sat

Did anyone else witness/overhear the request? If so, who?

Name: _____ Phone: _____

Name: _____ Phone: _____

This information given is true and correct to the best of my knowledge.

Printed Name: _____

Signature: _____

Date: _____

Date provided to facility: _____ By: _____

Accepted by _____ **Date:** _____

Claim Assigned to _____ **Date:** _____