



New York State Department of Labor
Division of Labor Standards

Mandatory Overtime Complaint Form

Instructions:

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

NYS Department of Labor
Division of Labor Standards
State Campus, Bldg 12, Rm. 185B
Albany, NY 12240

Case No. (for state use only):
Telephone No.: (518) 485-0307 Fax No.: (518) 457-8452
www. <http://www.labor.state.ny.us/>
Email: labor.sm.lsclaim.intake@labor.state.ny.us

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: Telephone number: - -
City State Zip Code
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.

Date(s)	Original Schedule			Mandatory Overtime			
	MM/DD/YYYY	Start Time	End Time	Total Hrs.	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? Yes No
If "Yes," explain:
15. Did your employer explain the reason for the mandatory overtime? Yes No
If "Yes," what reason was given?
16. Was the overtime required due to unforeseeable emergency circumstances? Yes No Not Sure
If "Yes," what were the circumstances?
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. 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 New York State Department of Labor, Division of Labor Standards, to investigate the claim indicated by the information supplied in this complaint and advise me of the results of the investigation.

Signature _____ Date _____