**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Milwaukee Child Protective Services

**Division of Milwaukee Child Protective Services After-Hours On-Call Verification**

**NOTE:** **SUBMIT ONE FORM WEEKLY**

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| **EMPLOYEE INFORMATION (Completed by Staff)** |
| Employee Name:      | **Classification Type:****[ ]** Initial Assessment Specialist**[ ]** Initial Assessment Supervisor**[ ]** Program Manager |
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| --- | --- |
| **SHIFT INFORMATION (Completed by Staff)** |  |
| Day of the Week | Shift Date | Start Time | End Time | Total Hours On-Call | On-Call Management Approval |
| Sunday[ ]  Holiday |       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| Monday[ ]  Holiday |       |       |       |       |       |
|       |       |       |       |       |
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| Tuesday[ ]  Holiday |       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| Wednesday[ ]  Holiday |       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| Thursday[ ]  Holiday |       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| Friday[ ]  Holiday |       |       |       |       |       |
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| Saturday[ ]  Holiday |       |       |       |       |       |
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| **ON-CALL APPROVAL (Completed by Assigned Supervisor)**Dates and times must be approved by assigned supervisor in STAR

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| --- | --- |
| [ ]  ApprovedComments:       | [ ]  Not ApprovedComments:       |

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| **SIGNATURE** - Employee |  | Date Signed |
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|  |  |
| **SIGNATURE** - Supervisor |  | Date Signed |

Submission Process

* On each Monday
	+ DMCPS staff must submit this form to his/her supervisor by 12:00 PM.
	+ DMCPS staff or assigned supervisor must:
		- Verify that STAR entries are consistent with the time recorded on the form, and if approved, sign the form
		- Make a copy of the form for their records
		- Submit this form in the designated basket by the end of his/her business day (e.g. first shift by 5:00 PM and second shift by 11:00 PM).
* The DMCPS designated staff person will submit all the approved *DMCPS On-Call Verification forms* to DCF Payroll by 1:00 PM on the Tuesday

**NOTE:** Failure to follow DCF and DMCPS policies related to after-hours, on-call pay, and STAR may result in a delay of on-call pay

Please refer to Central Payroll Calendar for designated Legal Holidays

DCF-F-2970-E (R. 08/2018)