**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**

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYEE INFORMATION (Completed by Staff)** | | | |
| Employee Name: | **Classification Type:**  Initial Assessment Specialist  Initial Assessment Supervisor  Program Manager | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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 |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | Tuesday  Holiday |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | Wednesday  Holiday |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | Thursday  Holiday |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | Friday  Holiday |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | Saturday  Holiday |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | |
| **ON-CALL APPROVAL (Completed by Assigned Supervisor)**  Dates and times must be approved by assigned supervisor in STAR   |  |  | | --- | --- | | Approved  Comments: | Not Approved  Comments: | | | | |
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|  | |  | |
| **SIGNATURE** - Employee | |  | Date Signed |
|  | | | |
|  | |  | |
| **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)