

WE ARE YOUR DOL



Mandatory Overtime for Nurses Complaint Form

* Indicates required fields

Are you an RN or LPN, or do you represent an RN or LPN?* Yes No

(If 'No', please do not complete this form.)

Do you work, or have you worked, in a covered healthcare facility and were mandated to work overtime?*(Examples of covered facilities include hospitals, nursing homes, residential health care facilities, facilities operated or licensed by the Office of Child and Family Services, etc.) Yes No

(If 'No', please do not complete this form.)

Claimant Information

First Name* _____ Last Name* _____

Your mailing address

Street _____

City/Town _____ County _____ State _____ Zip Code _____

Your Phone Number* _____ Your Email _____

Job Title/Description of your Job Duties*

Are you an hourly employee? Yes No

Union Membership? Yes No

If 'Yes', Local name and number

Business Information

Name of Business* _____

Address of Business (including county)

Street* _____

City/Town* _____ County* _____ State* _____ Zip Code _____

Is the Work Location same as Address of Business?* Yes No

Street* _____

City/Town* _____ County* _____ State* _____ Zip Code _____

Name of Supervisor _____ Supervisor's Phone Number _____

Nature of employer's business*: Hospital Nursing home OCFS facility Other – explain:

Complaint Details

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.
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Did your employer explain the reason for the mandatory overtime? Yes No

If "Yes," what reason was given?

If "Yes," what were the circumstances?

Was the overtime required during any declared national, state, or municipal emergency or disaster or other catastrophic event*? Yes No Not Sure

If yes, please explain:

If yes, do you know if the employer is reporting their use of mandatory overtime during an emergency to the DOH and DOL? Yes No Not Sure

Was the overtime required because your employer determined there was a patient care emergency? Yes No Not Sure

If "Yes," please explain:

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

Does your employer have a Nurse Coverage Plan? Yes No

Does your employer display the required poster? <https://dol.ny.gov/restricted-nurse-hours-poster> Yes No

Are you a union representative filing this complaint on behalf of your members?* Yes No

Please use the space below to provide any additional information you may have regarding this complaint.