

On-Call Duty Policy Letter

Date: [Insert Date]

To: [Employee's Name]

Position: [Employee's Position]

Department: [Employee's Department]

Dear [Employee's Name],

We are writing to inform you of our On-Call Duty Policy, which is effective as of [effective date]. This policy is designed to ensure that our institution can provide support and assistance during non-standard hours.

1. Purpose

The purpose of this policy is to outline the expectations and procedures for employees who are assigned on-call duties.

2. On-Call Duty Assignment

Employees will be assigned on-call duty on a rotating basis. You will be notified at least [number] days in advance of your scheduled on-call period.

3. Response Time

Employees must be available to respond to calls within [specific time frame] during their on-call duty. Failure to respond may result in disciplinary action.

4. Compensation

Employees will receive [details on payment or compensation for on-call duty].

5. Reimbursements

Approved expenses incurred while fulfilling on-call duties will be reimbursed according to [institution's reimbursement policy].

Thank you for your attention to this important matter. Should you have any questions or require further clarification, please do not hesitate to reach out.

Sincerely,

[Your Name]

[Your Position]

[Institution's Name]

[Contact Information]