

Claim form - additional duties, cross cover and callbacks for RMOs

Name					Employ	Employee number _			Run_						
Please tick which is appplicable:		☐ Registrar		Senior House Officer	se Officer		House Officer	cer		Fortnight ending	ding	***************************************			
	Cro	Cross cover	Add	Additional duties	ties	Penalty Payment	Call bac	ks: Work	M (NHI NL	mbers to	be placed	Call backs: Worked (NHI Numbers to be placed on back of form)	form)	On call (hrs)	(hrs)
Day Date	Cover	Amount	Start	Finish	Hours	072,	1 1	1		2	1 1	3	Total hours	Rostered	Addition
	ģ	max 1 unit per day	24 hour	24 hour	worked	O144, N8B	Start 24 hour	Finish 24 hour	Start 24 hour	Finish 24 hour	Start 24 hour	Finish 24 hour	worked	On Call	On Ca (\$25)
Monday															
Tuesday															
Wednesday															
Thursday								·							
Friday															
Saturday															
Sunday															
Monday			:												
Tuesday															
Wednesday															
Thursday															
Friday															
Saturday					W							-			
Sunday															
	Total			Total								Total			
Employee's signature:				D ₂	Date:			dd/mm/yy							
Authorised by:				Prir	Printed name:					_ Phone extn:	th:				

NB: Please use 24 hour clock. Cross cover and additional duties cannot be claimed for the same period.

05/17JB

