ROYAL CHILDREN'S HOSPITAL

Normal Oncall & Recall & Unrostered Overtime Sheet

NAME: _____

DEPARTMENT: _____

PAY ENDING: _____ **EMPLOYEE NUMBER:** _____

POSITION: JRMO SRMO REGISTRAR FELLOW OTHER

ONCALL.

A- ONCALL WITHOUT TELEPHONE CONSULTATION (EG: Oncall and <u>DID NOT</u> receive consultation calls)

B- ONCALL <u>WITH</u> TELEPHONE CONSULTATION (EG: Oncall and did receive one or more phone calls to give clinical advice)

WEEK 1.

MON ☐ TUE ☐ WED ☐ THUR ☐ FRI ☐ SAT ☐ SUN ☐

A B A B A B A B A B A B A B

PLEASE CIRCLE RELEVANT ONCALL CODE PER DAY.

WEEK 2.

MON ☐ TUE ☐ WED ☐ THUR ☐ FRI ☐ SAT ☐ SUN ☐

A B A B A B A B A B A B A B

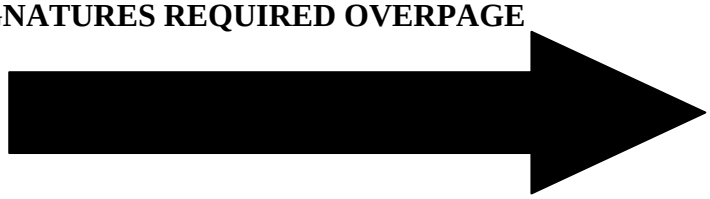
PLEASE CIRCLE RELEVANT ONCALL CODE PER DAY.

RECALL. (EG: called back in to see a patient)

Date	Name & UR of patient	Depart Home	Arrive RCH	Depart RCH	Arrive Home	Phone Call	Total Time hours & mins

TOTALS FOR THE PAY PERIOD:

Please Note. Minimum payment for a recall is 3 hours. **SIGNATURES REQUIRED OVERPAGE**



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NAME: ……

UNROSTERED OVERTIME

Day	Date	Reason for unrostered overtime	Time From	Time To	TOTAL TIME

PLEASE ENSURE THAT THIS SHEET IS SIGNED BY THE DEPARTMENT HEAD OR EQUIVALENT PERSON TO ENSURE PAYMENT FOR OVERTIME IS MADE

Junior Medical Staff Department are not authorised to sign on behalf of other cost centres, if you are Departmentally based, please have your Department sign and send direct, with your timesheet, to pay office.

RECALL / UNROSTERED OVERTIME AUTHORISATION.

I certify that the services recorded on this sheet are a true representation of the work performed.

_____	_____	_____
Doctor	Dept Head	Cost Centre Manager **(if different to Dept Head)**