



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

Name _____ Employee number _____ Run _____

Please tick which is applicable: Registrar Senior House Officer House Officer Fortnight ending _____

Day	Date <small>dd/mm/yy</small>	Cover for	Cross cover Amount 1 1/2 1/3	Additional duties			Office use only	Call backs: Worked (details/patient stickers on back of form)						Rostered on call period			
				Start 24 hour	Finish 24 hour	Hours worked		1		2		3		Total hours worked	\$4	\$25	
								Start 24 hour	Finish 24 hour	Start 24 hour	Finish 24 hour	Start 24 hour	Finish 24 hour				
Monday																	
Tuesday																	
Wednesday																	
Thursday																	
Friday																	
Saturday																	
Sunday																	
Monday																	
Tuesday																	
Wednesday																	
Thursday																	
Friday																	
Saturday																	
Sunday																	
		Total		Total				Total									

Employee's signature: _____ Date: _____

Authorised by: _____ Printed name: _____ Phone extrn: _____

Please use 24 hour clock