Surname: Day / Grade: Paid Daily Rest: A Doctor cannot work for more than 4 hours 30 minutes without receiving a break of at least 15 minutes, a break of at least 30 minutes when working for more than 6 hours or equivalent compensatory rest As part of the EWTD requirements; Please ensure the codes above are used when completing this form. Daily rest breaks are paid and must be incorporated into each working day as follows On Call Off Site O Please note: The first 39 hours worked must be indicated before overtime hours are recorded. For all other hours worked, please indicate if on-site(x) or off-site(o). NCHD The form cannot be processed for payment without this information and will be returned to you for correction Please Note: Breaks cannot be taken at the end of the working day. Codes for Attendance: Please insert relevant code as appropriate SECTION B: Training Activities: Please detail your Training Activities i.e. Jounal Clubs, Grand Rounds and any other Training Events - Please note all these are paid but a record is required for the calculation or working hours under EWTC On Call On Site X Consultant I certify that the above claim is correct and in order for payment I certify that I have worked the above hours for the period specified Section A: 01:00 7 . 39 02:00 01:00 Signed Details to be completed overleaf when called in from On-Call' 'Off-Site'. Refer to Section B Unrostered Hours require pre-approval and must be approved by the Chief Finanacial Officer Please note that all NCHDs must only work their rostered hours for their team. Hrs 03:00 02:00 Basic 04:00 03:00 05:00 04:00 to 06:00 05:00 Speciality: First Name: ½hr 06:00 to 07:00 07:00 to 3/4 == 08:00 %hr 09:00 08:00 Date Contact Number 10:00 09:00 2= Unrostered Hours 11:00 10:00 12:00 Attendance off-Site College Training SE Mid Western Regional Hospit 11:00 Al= Leave STL= Leave NCHD Attendance Form All Hours marked with an X must have been worked on site 13:00 12:00 14:00 ال= 13:00 Parental Compassionate 15:00 14:00 16:00 CL= Leave 15:00 as detailed above: I confirm that I have taken the mandatory paid rest breaks Comp= e-mail 17:00 16:00 to 18:00 17:00 FM= EL≕ Leave to 19:00 Force Majeure Week Beginning: 18:00 **Employee No:** 20:00 19:00 T Interview Frequent Call out to 21:00 to 22:00 20:00 Total Hours Worked 21:00 SLC= Cortified T1 Infrequent Call out 22:00 to 23:00 SLU= Uncortified 00:00 Yes CR= No BASIC Compensatory Rest Rest Break 1/2 or 1/4 RB= (X) OF SITE Training Date Total Hours Worked PHL= Public Holiday Leave 11 Training On-Site

Please ensure that the form is filled completely on both sides and that the information is both clear and legible

Version 9: May '14

SECTION B

NCHD Overtime Claim for Emergency Duties arising from Off-site On- Call

TOTAL HRS	ON-SITE							**************************************	
REASON FOR ATTENDANCE									
IDENTITY OF PATIENTS Names & Chart Mumbane	Salar Nambers							-	and unavoidable
WARD / DEPT									, were necessary and
TIME OF DEPARTURE			-						I hereby certify that the overlime hours claimed as set out above are correct, were necessary
TIME OF ARRIVAL						······································			rs claimed as set o
CALL OUT INITIATED BY			***************************************						it the overtime hour
DATE OF CALL-OUT									l hereby certify tha

NCHD:

CONSULTANT

Date:

Date: