UNIVERSITY HEALTH NETWORK

Call Stipend Monthly Time Record

→ Please complete <u>EACH</u> field and PRINT CAREFULLY so fields are <u>READ</u>able: →

*Resident Name :_		*License#:						
*Training Level: PG	SY 1 2 3 4 5	*Service (not Program) :						
Maximum 1:3 homo call								

<u>⊠Call Conversion</u>: A resident scheduled for home call but works more than 4 hours in-hospital during call period where more than 1-hour is past midnight and before 6am., is entitled to be paid in-hospital call rate. If call has converted from home call to in-hospital call, please <u>ONLY</u> use 'Call Converted' column - only <u>one</u> column should be checked.

MARK with an 'X' for date claimed (ONLY ONE 'X' per line/date)

	January, 2013	IN HOSPITAL	HOME	CALL CONVERTED from 'home' to 'in-hospital' ('X' in ONE column ONLY)	QUALIFYING (ER ONLY)	RO
1	Tuesday					
2	Wednesday					
3	Thursday					
4	Friday					
5	Saturday					
6	Sunday					
7	Monday					
8	Tuesday					
9	Wednesday					
10	Thursday					
11	Friday					
12	Saturday					
13	Sunday					
14	Monday					
15	Tuesday					
16	Wednesday					
17	Thursday					
18	Friday					
19	Saturday					
20	Sunday					
21	Monday					
22	Tuesday					
23	Wednesday					
24	Thursday					
25	Friday					
26	Saturday					
27	Sunday					
28	Monday					
29	Tuesday					
30	Wednesday					
31	Thursday					
dant	Signature:			Date [.]	-	

Resident Signature:		Date:	
*Dept chf or chf resident name	Contact phone/pager of chf	* <u>Signature of verifier</u>	Date of verification

Asterisked Fields Mandatory - MUST BE PRESENT FOR PROCESSING

NB: FAX TO UHN MedEd Office @ TGH 416-340-4705 by 4th of following month.

MANDATORY VERIFICATION SIGNATURE: Service Chief/Senior Resident, Service Dept. Administrator
OR Service Supervisor)

Failure to submit properly completed form by 4th of following month results in delay of payment.

Failure to submit form <u>before</u> 30th of following month, results in possible <u>non-payment</u>.

(Written explanation must be attached when post second cut-off deadline.)