



Northern Ontario School of Medicine Resident On Call Claim Form

Please complete the form and fax to NOSM Payroll (705) 671-3880
or email to payroll@nosm.ca

NAME (Please Print): YOUR NAME			In Hospital Call	Out of Hospital Call	Qualifying Shifts	Conversion Shifts
Date	Hospital Name	Rotation Service				
DATE	HOSPITAL NAME	ROTATION	<input checked="" type="checkbox"/>			
EXAMPLE			SELECT ONLY 1 CALL TYPE PER LINE			
July 1, 2017	Health Sciences North	Internal Medicine				<input checked="" type="checkbox"/>
July 2, 2017	Health Sciences North	Internal Medicine	<input checked="" type="checkbox"/>			
Signature of Claimant: YOUR SIGNATURE			Approved by Preceptor: PRECEPTOR SIGNATURE			

*Conversion Shift: When a resident is scheduled on home call but who works for more than four hours in hospital during the call period, of which more than one hour is past midnight and before 6 a.m.

For HR Office Use Only:

Date Submitted:
Initials: