Northern Ontario School of Medicine

Northern Ontario School of Medicine
Resident On Call Claim Form

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

NAME (Please Print):			In Hospital Call	Out of Hospital Call	Qualifying Shifts	Conversion Shifts	Weekend Rate Applies
Date (MM/DD/YYYY)	Hospital Name	Rotation Service					
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
Signature of Claimant:			Signature of Chief Resident / Preceptor:				

Don't Miss the Deadline!

Call stipend claims must be submitted directly to NOSM Payroll within 30 days following the end of the month in which the call was worked.