

JMO EXTENDED DUTY APPROVAL FORM



JMO NAME:

EMP NO#:

UNIT (ROLE):

SIGNATURE:

By signing, you certify that the details given here are true and correct, that the overtime is due to a demonstrable *clinical need that could not be met by some other means* and was essential to the patient's care, and that no other JMO on duty could appropriately provide this care.

Date	Reason	Patient name, UR and other clinical information	Time rostered duty ceased	Time additional duty ceased	No# of additional hours worked	HoU Authorisation	
						HoU Name	HoU Signature
	<input type="checkbox"/> Medical Emergency <input type="checkbox"/> Scheduled clinic overrun <input type="checkbox"/> Scheduled theatre overrun <input type="checkbox"/> Unplanned personal leave replacement <input type="checkbox"/> Consultant request						
	<input type="checkbox"/> Medical Emergency <input type="checkbox"/> Scheduled clinic overrun <input type="checkbox"/> Scheduled theatre overrun <input type="checkbox"/> Unplanned personal leave replacement <input type="checkbox"/> Consultant request						
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	<input type="checkbox"/> Medical Emergency <input type="checkbox"/> Scheduled clinic overrun <input type="checkbox"/> Scheduled theatre overrun <input type="checkbox"/> Unplanned personal leave replacement <input type="checkbox"/> Consultant request						

Please Note:

1. **Authorisation by Head of Unit** must be completed and submitted to JMWU within the following pay cycle or payment will not be processed.
2. Incomplete forms will be returned for further action.
3. Audits will be undertaken on EDAF claims to ensure strict adherence to policy are adhered to.

Office Use Only	Pay Period	Cost Centre	Hours Paid	Authorised by
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