

# JMO ON-CALL & RECALL CLAIM APPLICATION FORM



Note: This form must be submitted to JMWU within the relevant pay period to be paid on time. If on call for weekend, return to JMWU by 0800 on the Monday following the end of the pay fortnights (2400 Sunday).

**On-Call Payment:** 1 period normal week day, 3 periods per weekend (16 hours).

**All on-call attendances and telephones MUST be approved by Head of the Unit or Consultant before SUBMISSION.**

Name:	Emp No#:	Unit (Role):	Signature:
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By signing, you certify that the details given here are true and correct and that the overtime is due to a demonstrable clinical need that could not have been met by some other means and was essential to the patient's care. No other Hospital Medical Officer on duty could appropriately provide this care.

Please tick **ON-CALL** days and insert **dates** below:

Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete recalls (attendances or telephone recalls) below

Date	Indicate Phone (T) or Attendance (A)	Start	Finish	Duration (Travel time automatically added)	Details and Reason for Recall (Patient name, UR and other clinical information)	Site	Consultant or Unit Head signature
	<input type="checkbox"/> A <input type="checkbox"/> T					<input type="checkbox"/> TNH <input type="checkbox"/> BH <input type="checkbox"/> BECC <input type="checkbox"/> CHS	
	<input type="checkbox"/> A <input type="checkbox"/> T					<input type="checkbox"/> TNH <input type="checkbox"/> BH <input type="checkbox"/> BECC <input type="checkbox"/> CHS	
	<input type="checkbox"/> A <input type="checkbox"/> T					<input type="checkbox"/> TNH <input type="checkbox"/> BH <input type="checkbox"/> BECC <input type="checkbox"/> CHS	
	<input type="checkbox"/> A <input type="checkbox"/> T					<input type="checkbox"/> TNH <input type="checkbox"/> BH <input type="checkbox"/> BECC <input type="checkbox"/> CHS	
	<input type="checkbox"/> A <input type="checkbox"/> T					<input type="checkbox"/> TNH <input type="checkbox"/> BH <input type="checkbox"/> BECC <input type="checkbox"/> CHS	
	<input type="checkbox"/> A <input type="checkbox"/> T					<input type="checkbox"/> TNH <input type="checkbox"/> BH <input type="checkbox"/> BECC <input type="checkbox"/> CHS	
	<input type="checkbox"/> A <input type="checkbox"/> T					<input type="checkbox"/> TNH <input type="checkbox"/> BH <input type="checkbox"/> BECC <input type="checkbox"/> CHS	

**JMWU OFFICE USE ONLY:**

Date received		Received by (name):		Date entered on RON/Allocation Planner	
Date Approved:		Approved by (name):		Signature:	_____