Payment for excess in-house call duty weekend is done in accordance with the 2018-2022 RDoS Collective Agreement, Articles 9.2 through 9.4.

**Please attach a valid call schedule when submitting this form.**

**Resident Information**

|  |  |
| --- | --- |
| Name:  |  |
| Program:  |  |
| Training Year:  |  |

**Call Duty Information**

|  |  |
| --- | --- |
| Date of duty: | Click here to enter a date. |
| Start time of duty:  |  |
| End time of duty: |  |
| Reason for excess call duty:  |  |

**Program Approval**

|  |  |
| --- | --- |
| Administrative Resident:  |  |
| Signature:  |  | Date:  | Click here to enter a date. |

|  |  |
| --- | --- |
| Program Director:  |  |
| Signature:  |  | Date:  | Click here to enter a date. |

|  |
| --- |
| **Please send all documents and required information to:****Stefany Cornea**, MSc. (she/her)Finance CoordinatorPostgraduate Medical Education – PGMECollege of MedicineHealth Sciences Building, 3A10.6Phone: 306-966-1864 Email: stefany.cornea@usask.ca |