



REQUEST FOR PAYMENT - EXCESS IN-HOUSE CALL DUTY

EXCESS IN-HOUSE CALL DUTY - Additional Pay

(Use one form for each person on each occasion)

NAME \_\_\_\_\_

For Office Use Only: Program Account Number:
Earning Code: 408
1-101748-\_\_\_\_\_ -60101-4000-1129\_\_

EMPLOYEE ID# \_\_\_\_\_

PROGRAM \_\_\_\_\_

DATE OF DUTY \_\_\_\_\_

TIME: From \_\_\_\_\_ To \_\_\_\_\_

Reason for excess on-call duty: \_\_\_\_\_

\_\_\_\_\_

The remuneration for excess call duty is described in Article 9.2 through 9.4 of the Collective Agreement with PAIRS.

For Office Use Only:

Amount Paid \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

CERTIFICATION:

Administrative Resident \_\_\_\_\_ Date \_\_\_\_\_

Program Director \_\_\_\_\_ Date \_\_\_\_\_

ATTACH: A copy of the valid call schedule must be attached with this form submission.

- In order to receive payment on the month-end pay cheque, forms should be submitted by the 3rd working day of each month.