



REQUEST FOR PAYMENT – STATUTORY HOLIDAYS (In-house or Out-of-House Call)

NAME OF RESIDENT _____

EMPLOYEE ID # _____

TODAY'S DATE _____

HOME PROGRAM _____

DATE OF STATUTORY HOLIDAY: _____

BENEFIT REQUESTED:

[] HALF (1/2) DAY PAY AND PAID DAY OFF: _____

[] 1.5 DAYS' PAY

*** A VALID CALL SCHEDULE MUST BE ATTACHED TO THIS FORM ***

Residents who are scheduled to, and do work on the day of the statutory holiday or any portion thereof, shall be entitled, in addition to their regular day's pay to:

- 1) payment at the rate of one-half (1/2) times the normal day's pay plus a paid day off
OR
2) payment at the rate of one and one-half (1 1/2) times the normal day's pay with no paid day off.

PGY LEVEL _____ For Office Use Only
Amount Paid \$ _____ Date Paid: _____

CERTIFICATION

Rotation Supervisor _____ Date _____

Administrative Resident _____ Date _____

Program Director _____ Date _____

Requests for paid time off in lieu of being on duty the day of a stat holiday must be submitted to the Postgraduate Medical Education Office, Room 5D40, Health Sciences Building, within a thirty (30) day period before or after the day of the statutory holiday. In order to receive payment on the month-end pay cheque, forms should be submitted by the 3rd working day of each month.