

Emergency Physician Allowance Form FACTSHEET

Overview

The *Emergency Physician Allowance Form* has been developed for the submission of requests for Emergency Physician Allowance. This is to streamline the process and to ensure accuracy in processing.

Staff Specialist Emergency Physicians are eligible for enhanced remuneration payable as an allowance, conditional to the arrangements noted in the [Staff Specialist Emergency Physicians – Remuneration Arrangements for the Period to June 2017- PD2016 006](#).

Usage

This allowance is payable in 6 month intervals retrospectively or under certain conditions, payable on a fortnightly basis. The form is designed to outline:

- Dates the allowance is payable (start and end date required or ongoing for fortnightly payment)
- The hours the allowance is to be paid for. If not claiming the allowance for all hours worked in assignment, the number of hours per week the allowance is payable (and contracted hours is also required) * *use this option if employee is regularly works hours outside of ED on the same assignment.*
- Approval for 2nd payment for same period

Completing the Form

EMERGENCY PHYSICIAN ALLOWANCE

Recurring Fortnightly Allowance
 Retrospective payment
 Approved 2nd payment for same period

Assignment Number			
Surname	Given Name (s)		
Position Number	Position Title		
Location/Facility	Phone No.		
Effective Start Date Allowance is to be paid (DD-MMM-YY)	Effective End Date Allowance is to cease (DD-MMM-YY) (or Ongoing for fortnightly recurring)		
Allowance to be paid	<input type="checkbox"/> All hours worked <input type="checkbox"/> _____ hours per week. (MANDATORY INFORMATION – Contracted hours per week)		
Has LSL/ Maternity leave been taken during this period?	<input type="checkbox"/> No <input type="checkbox"/> Yes –Please ensure you have reviewed effective dates for payment		
Employees signature	Date (DD-MMM-YY)		
Managers Signature	Date (DD-MMM-YY)		
Managers Name (Print)	Manager's Phone No.		
Would you like to receive an email notification that this request has been actioned?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	Email Address		

Start and end dates or ongoing for fortnightly payments

All hours worked should be selected unless the employee is working hours outside of ED and is not to be paid Emergency Physicians Allowance on these hours

Where can I find the form?

The [Emergency Physician Allowance Form](#) is available in the [StaffLink Forms Index](#).