

 JOHNS HOPKINS MEDICINE <hr/> GRADUATE MEDICAL EDUCATION COMMITTEE	<h2 style="margin: 0;">Additional Shifts Approval Form</h2>
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In some circumstances departments may choose to pay residents/fellows* to voluntarily work extra shifts. These extra shifts are in addition to the normal requirements of the training program. The residents/fellows are limited to the duties they normally perform (no separate credentialing or licensing is required). Residents/fellows working extra shifts must be supervised in the identical manner as they are during the routine requirements of the training program. These additional shifts must be in compliance with the Clinical Work and Education/Duty Hours Policy. Residents/fellows must log these additional shifts using the “additional shift” designation within New Innovations. No billing is permitted for this additional shift coverage.

Name of Resident/Fellow providing additional shift coverage: _____

Date(s) of additional coverage: _____

Total number of hours to be compensated: _____

Hourly rate for compensation (as determined by department): \$_____

Total Compensation: _____

Payments will be made via a Bonus Supplement and taxed accordingly.

 Signature of Resident/Fellow

 Signature of Training Program Director

Completed forms must be attached to the EA by the Departmental Payroll contact
 Payroll will not be processed without an attached form.

*Residents/fellows H-1B temporary worker status are NOT permitted to work additional shifts.