BRITISH COLUMBIA **Ministry of Health Services**

British Columbia Ambulance Service

STANDBY SHIFT AND STANDBY CALL PAY

This form is NOT sent to BCAS Payroll. Post audits will be performed on this form.
This form must be completed and submitted bi-weekly by all employees claiming Standby Shift and Standby Call pay to support the total hours submitted on the Part Time and Full Time Pay Reports, HLTH-EHSC 2516 and HLTH-EHSC 2537

FULL TIME
- Unit Chief verfies hours against station records, signs this form, and **forwards** to Regional Office with the Full Time Pay Report.
- Superintendent reviews form, applies expense authority, retains their copy.

PART TIME
- Unit Chief verfies hours against station records, signs this form, and **forwards** to Regional Office with a copy of the Part Time Pay Report.
- The Part Time Pay Report (HLTH-EHSC 2516) is faxed to BCAS payroll for processing.

Employee Name	**Employee Number**	**Home Operator**	**Operator Worked**

Pay Period From Date:	**Pay Period To Date:**	**Page** _____ **of** _____

Scheduled Standby Shift				**Time**		**Elapsed Time**		**Totals**				
Date YYMMDD	Scheduled Shift Hours		Unit Number	Response Numbers(s)	Start	End	Hours	1/100	Standby Shift Hours $10/hr	Standby Call Hours	Other/ Statutory Holiday	Overtime Hours at 1.5	Overtime Hours at 2
								TOTAL					

Comments:

_____

_____

Employee certifies that the above information is accurate.	The Unit Chief confirms the report was reviewed, the information is complete, and the claiim appears reasonable.	
_____ *Employee Signature*	_____ *Unit Chief Signature*	_____ *Expense Authority Signature*

FULL TIME: *White (Original) - Station Records* *Pink - Employee* *Yellow - Regional Office* **PART TIME:** *White (original) - Station Records* *Pink - Employee* *Yellow - To Regional Office*

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