BRITISH COLUMBIA Ministry of Health Services

BRITISH COLUMBIA AMBULANCE SERVICE
ON CALL SHIFT COVERAGE PAY

Employee Name: _____ **Home Station:** _____

Station Worked: _____

F8.03 and MOA 4.2.8 – On Call Shift Coverage Pay

This form must be completed by all employees claiming for On-Call Shift Coverage Pay to support the total hours submitted on the Part Time and Full Time Pay Reports, HLTH 2516 and HLTH 2537. This form is **not** sent to BCAS Payroll.

- Employee transfers the total hours amount claimed on this form to their Pay Report and forwards to the Unit Chief.
- Unit Chief verifies hours against station records, signs the On Call Shift Coverage Pay form and forwards a copy to Region Office, along with the original Full Time Employee Pay Report (HLTH 2537). Unit Chief retains a copy of this form at the station, with a copy of the Pay Report.
- The Part Time Pay Report (HLTH 2516) is faxed to payroll for processing. The yellow copy of the Part Time Pay Report and On Call Shift Coverage Pay form is forwarded to Region Office.
- Superintendent reviews forms, applies expense authority, retains their copy of the On Call Shift Coverage Pay form and forwards original full time pay reports to Payroll for processing. Post audits will be performed on the part time forms.

Pay Period From:	**To:**

Date	Start Time/Finish Time	Elapsed Time
TOTAL HOURS		

Employee's Signature: _____ Date: _____

Unit Chief Signature: _____ Date: _____

Spending Authority Signature _____ Date: _____