# Locum Request Form for Non-resident on Call

This approval form is for agency consultant and SAS doctors undertaking out of hour on call work from home, e.g., 5pm – 9am.

Please complete and return to Medical Staffing.

**Details of locum cover required**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**(agency doctor undertaking thework) |  | **Grade**(delete) | Consultant Specialty doctor |
| **Specialty** |  |
| **Reason for cover** (delete) | **Sickness / Maternity Leave / Paternity Leave / Emergency Leave****/ Vacancy / Other (please specify)………………………………….** |
| **Reason why internal colleagues can****not cover** |  |
| **DATES & DUTY TIMES** |
| Dates | Start time | Finish time | Dates | Start time | Finish time |
|  |  |  |  |  |  |
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| --- | --- |
| **Hourly cost for****agency doctor** |  |
| **Clinical lead requesting cover** |  |

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| --- | --- |
| **Executive approval** |  |
| **Date** |  |

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