**MOPDRS Multi Contract Claim Form**

**For use by Medical Officers** **with multiple contracts\* seeking PD Reimbursement**

*A Medical Officer (MO) who has more than one contract, will also have more than one Direct Line Manager (DLM), this form enables discussion with your other DLM(s)\*\* about your claim. Once you and your other DLM(s) have completed this form, uploading it to iExpense enables visibility by your Primary LHN DLM\*\* of that verification. If you are a MO with multiple contracts and are seeking reimbursement for professional development entitlements, in accordance with an applicable Enterprise Agreement(s), then please complete this form. Reference should be made to the relevant Enterprise Agreement and the relevant SA Health policy, such as* [*28TOracle Assist: SA Health Finance Policies - Tax Section28T*](http://in.health.sa.gov.au/OracleAssist/OracleFinancials/SAHealthFinancePolicies.aspx)

**Please note: once you have uploaded this form (into Oracle iExpense) and submitted your claim electronically to your primary LHN DLM, your primary LHN DLM will review this form. If approved your claim will progress to your PD Officer, for a final check of the documentation etc then will progress directly for payment – if applicable. It is the responsibility of the MO to ensure that all information provided is true and correct to the best of their knowledge.** *For more information, please see* [*‘Medical Officers with multiple contracts’ Fact Sheet*](https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/education+and+training/system+improvement/sa+health+professional+development+reimbursement+system)

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| **A.1 Primary Contract and Employee Details** | | | | | | | | | | | | | |
| **Employee Name**: | |  | | **HAD id:** | **Employee Number:** | | |  | | | | **Employee email:** | @sa.gov.au |
|  |
| **Medical Group:** | | | | | **FTE**: | | | | | | | | |
| Medical Practitioner (MP) Consultant (CONS)  Clinical Academic (CA) Visiting Medical Specialist (VMS)  Other: | | | | | 5 nominal ½ days or more (0.5-1.00 FTE)  less than 5 nominal ½ days (0.05-0.49 FTE)  VMS: number contracted hours per week | | | | | | | | |
| **As a Medical Practitioner, are you in an Accredited Training Program (ATP)?** | | | | | | | | | Yes **Name of ATP:**  No | | | | |
| **Health Unit:** | | | **Business Unit/Department**: | | | | **\*\*Primary LHN DLM Name and Contact telephone number:** | | | | | | |
| **A.2 Other Contract Details – Employee Number: …………………………. If different from above** | | | | | | | | | | | | | |
| **Medical Group:**  **MP  CONS  CA  VMS  Other** | | | | | **FTE:**  0.5 – 1.00FTE  0.05 – 0.49FTE  VMS: contracted hrs/wk | | | | | | | | |
| **Health Unit:** | | | **Business Unit/Department**: | | **\*\*Other DLM Name and Contact telephone number:** | | | | | | | | |
| **A.3 Other Contract Details – Employee Number: …………………………. If different from above** | | | | | | | | | | | | | |
| **Medical Group:**  **MP  CONS  CA  VMS  Other** | | | | | **FTE:**  0.5 – 1.00FTE  0.05 – 0.49FTE  VMS: contracted hrs/wk | | | | | | | | |
| **Health Unit:** | | | **Business Unit/Department**: | | **\*\*Other DLM Name and Contact telephone number:** | | | | | | | | |
| **Employee Signature:** | | | | | | | | | | **Date:** | | | |
|  | | | | | | | | | | | | | |
| **B Details of Current Expense Claim** | | | | | | | | | | | | | |
| **Professional Development Item** | | | | | | **Total Amount** | | | | | **Description** | | |
|  | | | | | | $ | | | | |  | | |
|  | | | | | | $ | | | | |  | | |
|  | | | | | | $ | | | | |  | | |
|  | | | | | | $ | | | | |  | | |
|  | | | | | | $ | | | | |  | | |
| **TOTAL CLAIM AMOUNT:** | | | | | | $ | | | | |  | | |
| **Provide** | **Details of your current Balance (available from iExpense)** | | | | | | | | | | | | |
|  | | | | | | $ | | | | |  | | |
| **Medical Officer Reminder**  When entering your claim into iExpense, remember to:   * Upload: Tax invoices/receipts/credit card statements. * Ensure declarations are completed in iExpense [a claim cannot be progressed without the electronic declarations being made]. * Submit a travel diary – required for interstate >5nights or any overseas travel - has been provided (where applicable) and uploaded. * When you submit your claim, please upload a copy of this form onto iExpense, so your primary LHN Direct Line Manager can see that your claim for expense reimbursement has been discussed and approved/rejected at your other work site(s). Progression of your claim may be delayed if it is not uploaded. | | | | | | | | | | | | | |

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| **D – Verification by Direct Line Manager (Identified in A.2 above)** | | | | | |
| As one of the non-primary Direct Line Managers’ for the Medical Officer named above**, I verify** the above details and, if approved below, this reimbursement is within their Enterprise Agreement professional development entitlements. The reimbursement is in accordance with the Medical Officer’s performance development plan (where applicable). | | | | | |
| **Approve/Reject**  *(circle one)* | **Comments:** | | | | |
| Direct Line Manager Signature: |  | Date: |  | Contact Number: |  |
| Print name: |  | Position and Unit/Dept | |  | |
| **E – Verification by Direct Line Manager (Identified in A.3 above)** | | | | | |
| As one of the non-primary Direct Line Managers’ for the Medical Officer named above**, I verify** the above details and, if approved below, this reimbursement is within their Enterprise Agreement entitlements for professional development expenditure. The reimbursement is in accordance with the Medical Officer’s performance development plan (where applicable). | | | | | |
| **Approve/Reject**  *(circle one)* | **Comments:** | | | | |
| Direct Line Manager Signature: |  | Date: |  | Contact Number: |  |
| Print name: |  | Position and Unit/Dept | |  | |

**\*Medical Officers - Multi Contracts:**

* *A Medical Officer may have two or more contracts across SA Health; these may be within the same entity (LHN/SCSS/SAAS/DHW) or across different entities, there may be more than one Direct Line Manager (DLM).*
* *As a MO with multi contracts iExpense provides you with one account and the amalgamation of your combined entitlements across sites and EAs.*
* *Your primary LHN DLM is identified in iExpense as being the site where you work the greater FTE, or, if you work the same FTE at two or three sites then your primary site is identified as who your oldest contract is with.*
* *Your Primary LHN Direct Line Manager (DLM) will automatically be able to review your claim once you have submitted it electronically within iExpense and can approve at that time.*
* *The completion of this form by all parties enables the review by your other DLMs of your professional development entitlement claim and when uploaded to iExpense provides your primary LHN DLM visibility of that decision.*

**\*\* Primary and Other Direct Line Managers (DLM):**

* *A Medical Officer may have two or more contracts across SA Health; these may be within the same entity (LHN) or across different entities, as such they will have more than one Direct Line Manager (DLM).*
* *Why is this important? In iExpense only one DLM can be nominated and as such the term Primary has been used to describe the difference.*
* *A primary LHN DLM is identified in iExpense as being the site where the greater FTE is worked or, if the FTE is equal then the site with the oldest contract will be the primary.*
* *As the Other DLM(s), you will receive notification when a claim is submitted by the MO, you will be able to review the details as read only, hence this form is to ensure that you have visibility of the MOs claim before submission and as normal practice a discussion has occurred between you and the MO about their claim.*
* *The completion of this form by all parties enables the review by the other DLM(s) of the professional development entitlement claim and when uploaded to iExpense provides the primary LHN DLM visibility of that decision.*
* *The primary LHN DLM will be able to electronically review and process the claim. The completion and upload of this form provides visibility and input by the other DLM(s) into this process. Each DLM retains the financial delegation to approve MOPD expenses. NB: Each expense claim is apportioned between each entity based on FTE %.*