APPROVAL FOR RESIDENT ADDITIONAL PAY FOR ADDITIONAL WORK

Academic Year: 2026-2027

To Be Completed by Resident/Fellow

Resident Name: _____ PGY Level: ____ Training Program: _____

Activity Start Date: _____ Hospital and Service where work will be done: _____

Acknowledgement of Additional Pay for Additional Work Policy

Important: Initial to indicate that you have read and agree to each statement

I understand that Additional Pay for Additional Work activities are prohibited during regular program work hours, as defined by my Program Director. Additionally, I understand that this activity will not be credited toward my current training program requirements. _____

I acknowledge that my performance will be monitored for the effect of this activity, and adverse effects on achievement of my program's goals and objectives may lead to rescinding of this permission. _____

I understand that time spent in Additional Pay for Additional Work must be counted towards the 80-hour Maximum Weekly Hour Limit, as required by ACGME. _____

I understand that I am responsible for accurately recording all Additional Pay for Additional Work duty hours in my program's duty hour tracking mechanism. Failure to do so may result in Corrective Action and revocation of these privileges. _____

I agree to submit another form should the location, activity, or hours given on this form change. _____

I acknowledge that violation of the Additional Pay for Additional Work Policy set forth in the Resident Manual constitutes a breach of the Resident Training Agreement between University of Colorado School of Medicine and myself and may lead to Corrective Action. _____

I understand that I will be supervised at all times as I am working within the course and scope of my training program. _____

By signing below, I also attest that I am not paid by the military.

Resident Signature: _____ Date: _____

Program Director Approval - Obtain before submitting to GME Office.

With my signature, I

1) approve this Additional Work for Additional Pay activity which is supervised and within the course and scope of the training program
2) attest that this resident is in good standing (not on Focused Review nor Probation)
3) agree to monitor this resident for duty hour compliance and for the effect of this activity on their residency/fellowship performance, and
4) may withdraw this permission if adverse effects are noted

_____ Date: _____

Program Director

Final Approval - Completed by the GME Office

_____ Date: _____

Associate Dean for Graduate Medical Education or Designee