*[Your DHB’s Logo Here]*

*[your DHB position and contact details here]*

31 March 2023

**CERTIFICATE OF SERVICE**

**[RMO FULL NAME]**

**EMPLOYMENT DETAILS**

|  |  |
| --- | --- |
|  | |
| Start Date |  |
| End Date |  |
| Contract: STONZ/RDA/IEA |  |
| Current Position Held |  |
| Current Salary Step |  |
| Last Increment Date |  |
| Sick Leave Year of Service |  |
| Current Sick Leave Balance (Hours) |  |
| Current Annual Leave Balance (Hours) |  |
| Annual Leave Paid Out on Resignation - Yes/No |  |
| Medical Education Leave Taken (Hours) |  |
| Conference Leave Taken (Hours) |  |
| Conference Balance Available  (*STONZ members - cl 8.1)* |  |
| Police Vetting Last Completed |  |
| Additional Training Payment Balance Available  (STONZ members – cl 10.8.2) |  |
| House Officer Grant Balance Available  (STONZ members – cl 10.9 came into effect 18 January 2021) |  |
| Date of Increment in Recognition of Additional Qualification  *(where applicable)* |  |

**RUN ALLOCATIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Run Start Date** | **Run End Date:** | **Allocation** | **Position:** | **Hospital:** | **FTE** |
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**LEAVE**

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| --- |
| A spreadsheet of leave taken by the doctor during employment at this District Health Board is attached  *(each DHB is to provide this information, to avoid inappropriate duplicate payment of expenses)* |

**TRAINING**

|  |  |
| --- | --- |
| **Current Training Status** | |
| **🗌 House Officer** Training (PGY1 / PGY2) 🗌 Non-Training (PGY3 +) 🗌  **🗌 Registrar** Non-Training 🗌 Basic Trainee 🗌 Advanced Trainee 🗌 | |
| **Milestones** | **Completion Date** |
| Part 1 Examination |  |
| Part 2 Examination |  |
| Other  Training…………………………………………………….. |  |

**REIMBURSEMENTS**

|  |  |  |
| --- | --- | --- |
| **Transfer Expenses** | **Date** | **Total Reimbursed** |
| e.g. Sale and purchase of house | 01/12/12015 | $10,000 |
|  |  |  |
|  |  |  |
| **Medical Education** | | |
| A spreadsheet of medical education expenses reimbursed by this District Health Board is attached.  *(each DHB is to provide this information, to avoid inappropriate duplicate payment of expenses)* | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employment Related Expenses** | **Date Reimbursed** | **Period Covered** | **Total Reimbursed** |
| e.g. Practising Certificate | 01/12/2015 | 01/01/2016 – 31/12/2017 | $800 |
|  |  |  |  |
|  |  |  |  |
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|  |  |
| --- | --- |
| **Parental Leave** |  |
| **Start Date** | **End Date** |
|  |  |
| **Parental Leave Payment** *(tick one of following)* | |
| 🗌 Lump Sum Payment *(include due date if still pending)* | |
| 🗌 Lump Sum Partial Salary Top Up | |

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| --- |
| Free Text Box 1  *For any specific details required in relation to this RMO – e.g. description of duties required by the position, specific salary arrangements, etc* |

|  |
| --- |
| Free Text Box 2  *For DHBs to fill in as they wish – for CDHB, for example, we include the following statement:*  *The hospitals of Canterbury District Health Board are accredited for medical training as follows:*   * *by the University of Otago for the training of undergraduates in their MB ChB programme* * *by the Medical Council of New Zealand for the training of first and second year house officers in their two year Prevocational Medical Training Programme* * *by the medical colleges of Australasia for specialist post-graduate training of medical practitioners in all specialties*   *The University of Otago’s clinical school in Christchurch is located on the main campus of Canterbury District Health Board at Christchurch Hospital.* |

*[Your name, position and signature here,*

*as the person issuing the certificate]*

**PLEASE RETAIN THIS CERTIFICATE FOR THE INFORMATION OF FUTURE**

**EMPLOYERS**