

Request to Participate in Moonlighting Activities

In order to be eligible for moonlighting activities, the resident must follow the procedure as outlined in the UICOMP House Staff Manual. Also, please note:

1. Interns are not allowed to moonlight.
2. Occasionally the ID section or MICU department may send out a mass email to all of the residents inviting them to moonlight. Please remember that just because you receive this email does not mean that you have permission to moonlight. Permission must be obtained from your program director.
3. All requests for moonlighting MUST be signed off on by your program director.
4. You cannot receive permission to moonlight AFTER you have moonlighted.
5. Please be sure to complete the application to moonlight at least 2 weeks before you are planning to moonlight.
6. Please remember that moonlighting shifts must be included in your duty hours (example: if you only have four days off during the month and you would like to spend one of them on MICU moonlighting, that would be a duty hour violation).
7. Before completing the moonlighting application, please review the program policy on moonlighting.

Moonlighting privileges will be withdrawn if the resident is no longer performing satisfactorily in the program. In the event permission to moonlight is withdrawn by the program director, the obligation to notify an outside employer is the responsibility of the resident who established that employment and not the responsibility of the program director or UICOMP.

Resident will be subject to dismissal from the program for the following:

1. Moonlighting without written approval of the program director,
2. Continuing to moonlight after permission to do so is withdrawn,
3. Using the hospital DEA number while moonlighting.
4. Using "sick leave" to moonlight (Federal regulation).
5. Violating duty hours due to moonlighting activities. After July 1, 2011, moonlighting will be counted as duty hours.

Residents who submit this application must review the Policy of Weekend Additional Hours for the service you are requesting to moonlight on. These policies may be found on New Innovations and Internal Medicine Sharepoint. By signing the application in the space below, the resident is acknowledging that he/she has read these policies and agrees to comply with it.

The following information will be obtained, updated and reviewed by the Program Director as necessary, but no less than every 6 (six) months.

Resident Name: _____ Date Submitted: _____

Training Level: PGY-2 PGY-3 PGY-4

Service you would like to moonlight for: _____

of months done previously of ID/MICU: _____

Dates you would like to moonlight: _____

Will you still have 4 days off in the month: _____

Will you work more than 80 hours/week? _____

As a resident in a UICOMP sponsored Residency Training Program, I understand and will abide by the above requirements for moonlighting activities. I understand that the performance of these activities will not interfere with my ability to achieve the goals and objectives of my training program. I request permission to engage in moonlighting activities.

Name resident (print)

Signature

Date

Signature Program Director

Date