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| **Safe Ride Reimbursement Form** | | | | |
| The Safe Ride Home program provides safe one-way transportation home for resident doctors who are experiencing fatigue after long shifts or periods of call.  This form should be submitted to the Unity Health Student Centre (studentcentre@unityhealth.to), with all original receipts AND pertinent call schedules attached, within 30 days of the ride, after which the reimbursement is forfeited.  Unity Health Toronto will endeavour to process your reimbursement within 45 days of submission. If you have any additional questions please call:  Dragana Markovic 416-360-4000 ext. 77514  **Eligibility (must meet all criteria):**  I have worked an overnight call period, or overnight shift, longer than 12 hours.  The origin for my ride is Unity Health Toronto at which the call or shift was worked, and the destination is my home address.  I will collect and submit proof of payment with the date and time of the ride.  I have determined that I am too fatigued to safely drive home.  I have considered other options i.e. public transportation, TTC | | | | |
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| **Postgraduate Learner Details** | | | | |
| **Full Name** |  | | | |
| **PG Training Year** |  | | | |
| **Training Program** |  | | | |
| **Full Mailing Address** |  | | | |
| **Phone Number** |  | | | |
| **Email** |  | | | |
|  |  |  | |  |
| **Date of Ride** | **Service Program** | **Hospital Site** | | **Amount (attach original receipts)** |
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| **Total Amount Claimed (HST Included):** | | | |  |
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| I confirm that the information provided is accurate. | | | | |
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Signature Date