

**HOUSESTAFF DISCRETIONARY FUND AGREEMENT**

UNC Hospitals Housestaff Council, through the Office of Graduate Medical Education, will provide social events for Housestaff and reimbursement for lost or stolen pagers through the Housestaff Discretionary Fund without pharmaceutical industry support. The rules and regulations of this fund were agreed upon by the Housestaff Council.

Participation in the social fund is not mandatory, but we request a \$20.00 contribution in order to provide social events. Social events aim to involve all departments and facilitate interdepartmental relationships.

Participation in the pager fund requires a \$5.00 fee. **As a member of the pager fund, in the event that a hospital pager is lost or stolen, the resident is responsible for submitting a \$50.00 deductible payment to the Office of Graduate Medical Education prior to pager replacement.** This fee will be reassessed annually at the direction of the Housestaff Council, and interim assessments may be necessary if the fund becomes excessively depleted. Failure to pay the \$5.00 fee will prevent you from being covered by the pager fund and in the event that the pager is lost or stolen, you will be responsible for paying for a replacement.

Residents who are provided pagers by their clinical departments with long distance service need not contribute to the pager fund. Please consult with your clinical department to determine if the pager is hospital or department issued.

---

I have read the rules and regulations of the Housestaff Discretionary Fund, and by signing below and submitting my payment agree to abide by these terms. Pager fund enrollment will end on August 1, 2003. Checks can be made payable to UNC Hospitals.

\_\_\_\_\_ I choose to participate **only** in the pager fund. I have attached a \$5.00 check or money order with this completed form.

\_\_\_\_\_ I choose to participate in the social fund which also enrolls me in the pager fund. I have attached a \$20.00 check or money order with this completed form.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Program Name