Lenel Number

_____

Le Bonheur Children's Hospital
Resident Meal Plan Agreement Form

Le Bonheur commits to provide approved residents and fellows with funds for nourishing meals during oncall shifts. Each resident's monthly meal allowance provides appropriate funding for three meals and a snack during each inhouse, oncall shift. Residents will receive the Le Bonheur Associate discount on all cafeteria purchases.

Our residents are asking to commit to the following:

- I understand that my colored ID badge must be utilized when charging any purchases in the Le Bonheur cafeteria. I also understand that meals cannot be charged without my badge, and if I do not have y badge I will pay cash.
- If my monthly meal allowance is exhausted before the end of the month, I will pay cash for any purchases made during the remainder of the month.
- I will not purchase food or beverages for anyone other than myself.
- If there is money remaining in my account at the end of the month, I will not use it to buy bottled drinks or other items in large quantities.

My signature constitutes my agreement to these terms:

_____

Print Name Print Specialty Lenel Number

_____

Signature Date

_____

Residency Start Date End Date

Please sign and return this form via e-mail to:

cheryl.wilkinson@lebonheur.org

Or mail to:

Cheryl Wilkinson c/o Physician and Referral Services

850 Poplar Bldg. 2, Memphis, TN 38105

Le Bonheur
Children's Hospital