



**OAKCARE  
MEDICAL  
GROUP**

## Internal Medicine Physician Time Record

**Due the 25th of each month**  
Submit, Email or Fax to Lynda Wilson 510-437-4187  
and AnnMarie Piette 510-645-1173

### OakCare Medical Group Internal Medicine Physician Time Record

Month: \_\_\_\_\_ Year: 2016 Name \_\_\_\_\_ % FTE: \_\_\_\_\_

HIGHLAND HOSPITAL	Date(s)	*Total Hours
*ETO		
**CME		
*Evening Hospitalist Weekday		
*Evening Hospitalist Weekend		
ICU Weekend Coverage		
Short Call Weekend Coverage		
Post Call Weekend Coverage		
Ward Night Call Coverage		
Medical Consult		
Daily Ward (Extra)		

FAIRMONT HOSPITAL	Date(s)	
Half Day		
Full Day		

\*Please total ETO, CME, and Evening Hospitalist hours.

\*\*Per OakCare's policy, upon completion of CME credit, employees are asked to provide a copy of the certificate to Payroll for verification purposes. If a certificate is not submitted to Payroll, the CME hours will convert to ETO.