



**OAKCARE
MEDICAL
GROUP**

Administrative/Committee Time

Alameda Health System
Due within 10 days of month's end
 Submit to forms@oakcaremedical.com
 or Fax to 510-645-1173

Monthly Reporting of Administrative/Committee Time

MONTH _____ YEAR _____ ANNUAL HOURS _____

NAME _____ DEPT. _____ AVG. MONTHLY HOURS _____

Administrative/Committee Activities	Hours/Month
TOTAL	

Vacation/CME from _____ to _____. * I attest that these administrative directorship activities were conducted during this month.

Administrative Director Signature _____ DATE _____